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LAST

5 DATE OF BIRTH MONTH

WIDOWED

10

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

Lee

(IF NOT IN SUC FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

RoH

LAST

Bell

CERTIFICATE OF DEATH

DAY

13d. INSIDE CITY LIMIT

15. MOTHER'S MAIDE

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DIVORCED

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FIRST

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. Dxc 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A NO James He 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE Conditions, if Jany, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. 3/16 saw the deceased alive on. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED

BP. DHMH-16 50M I/BI (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

22d PHYSICIAN'S NAME (TAPE OR PRINTS

FOR - STATE

(TYPE OR PRINT)

COUNTRY)

4 FATHER'S NAME

3 SEX

REGISTRAR DECEASED NAME

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

FIRST

4 RACE

DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 CITY OR TOWN

MIDDLE

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23c NAME OF CEMETERY OR CREMATORY

Battimore Nat'l

ATTENDING

PHYSICIAN

22e ADDRESS

Ave.

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24 FUNERAL DIRECTOR March F/H 1101 & North

OSNYT, ME

MEDICAL

DIRECTOR PHYSICIAN

nivis) Bell Cora Lee MYA James Handerson 2719 Clyburn Ave. 064 Burnial 3/22/82 Battimere Ast 1 Baltimore OM West C. Places Ell Hol & Aprella Roc. M. I. V. E.

1101 E. North Ave.

(VRA 15, 4)

Wm. C. March F/H

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

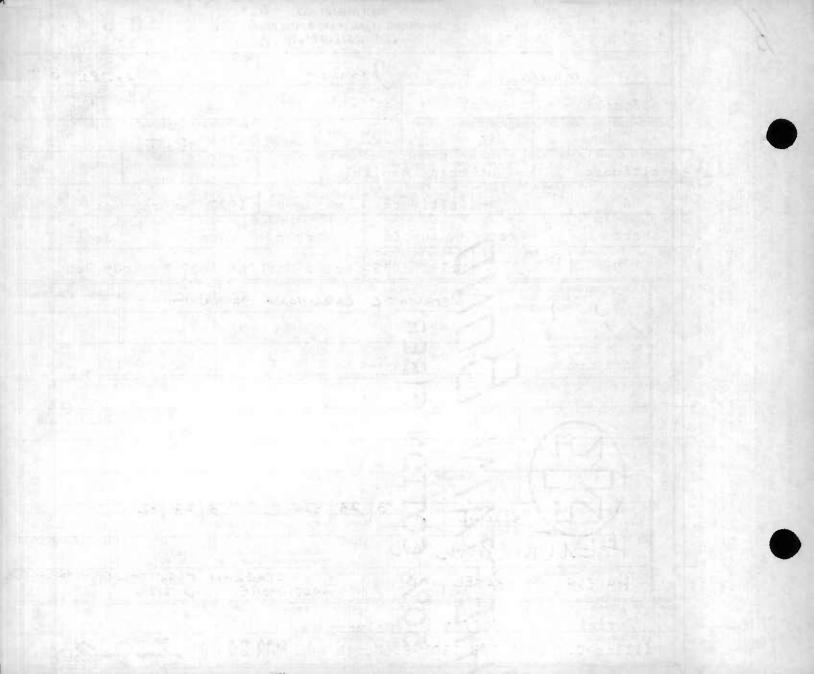
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Heathsville

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

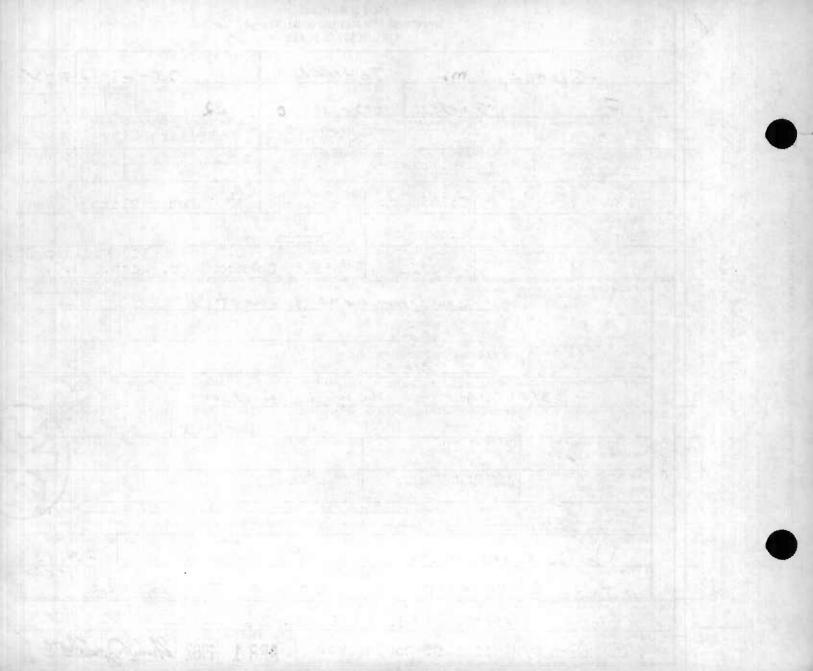
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North Ave.

DHMH-16 50M 1/8? (VRA 15, 4)

Wm. C. March F/H

1101 E.

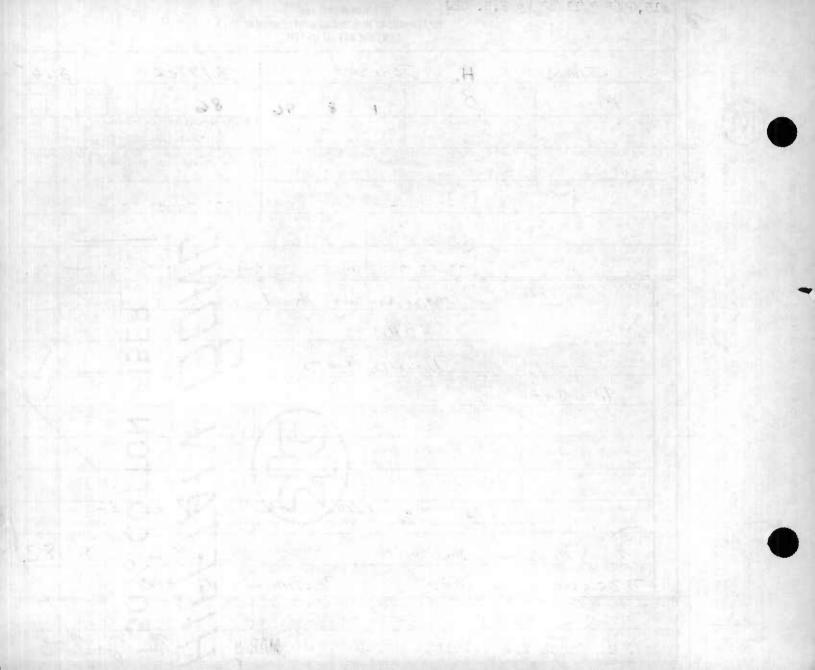


DHMH-16 30M 2/80 (VRA 15, 4)

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				1			APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	lly one cause per line for (a), (b), and D BY:				BETWEEN ONSET AND DEATH
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	CERTIFICATION						
5	V	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
d	Ë					YES I NOT	YES \ NO \
	E E	216. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Tale HOW INTURY OCCU	URRED (ENTER NATURE OF INJURY IN ITE	
9		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	11011 11000	SKED LEWISK MATORE OF INJURY IN HE	MIG PARTION PART 2)
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			tal) attended the deceased from_	-	310 19 8		(y 19 2 , that (I) (we) lost
		sow the deceased alive on	1) view the body ofter death.	2 . , on	d that in (my) (our) opinio	on death accurred on the date on	d hour and from the causes stated
		22b. SIGNATURE	I view the body offer deoth.		DEGREE		22c. DATE SIGNED
			-/ 0		ATTENDING	MEDICAL STAFF _	
		66	3 Haywood	n	10 PHYSICIAN	DIRECTOR PHYSICIAN	3/13/12
		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS		
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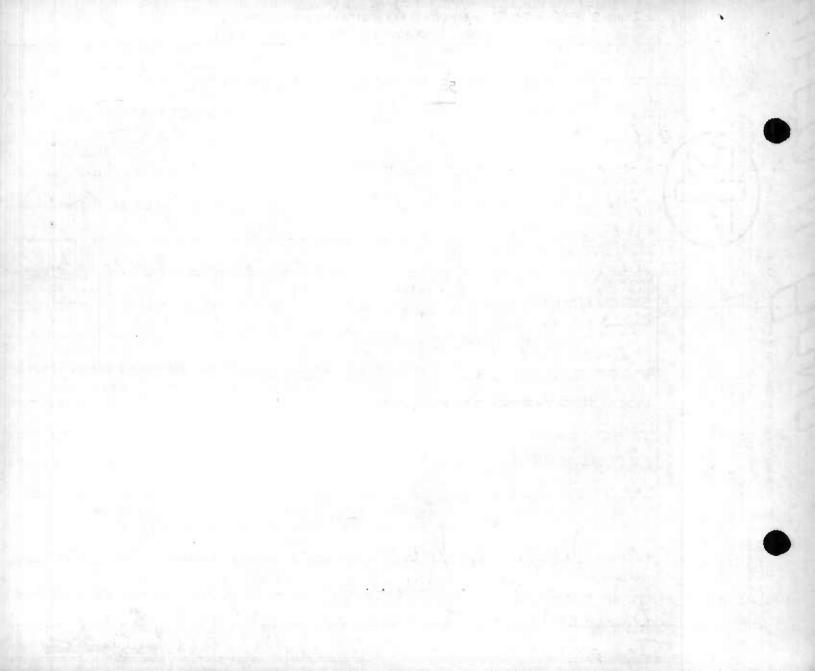
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6	7 ₀ D	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MONTH DAY YEAR 92		YRS. DAYS HOURS
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MPP With	23a	BURIAL CREMATION REMOVAL		23c NAME OF CEMETERY OR CREMATOR		,
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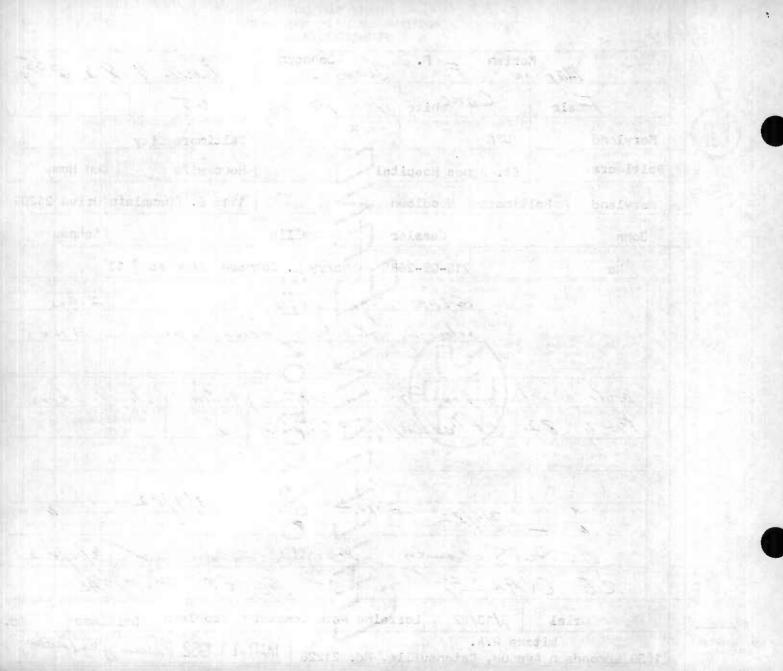


William Black Tools

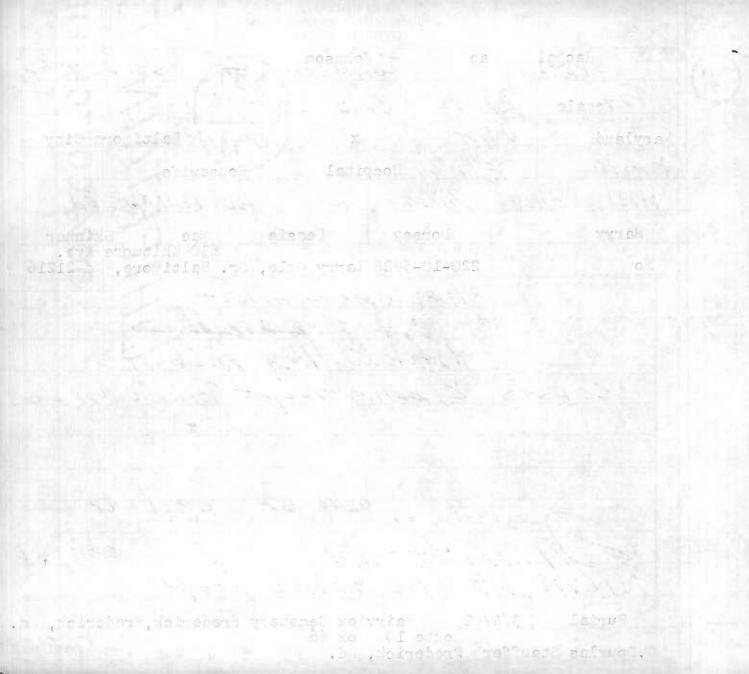
	1.	FOR Item 5 g566 4	29/82 g DEPARTMENT OF	HEALTH AND MENTAL H	YGIENE;	06502
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SI THE IS	10.0	IIT OR IOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
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RESTON ST., BALTIMORE, MD. HIN 24 HOURS AFTER DEATH. IF IN ITEM 18. GIVE PAGES 1, 2, R ALONG WITH FORM PM 3. ISIT PERMIT, PAGES 1 AND 2 SI HYGIENE, DIVISION OF VITAL.	100.	WAS DECEASED EVER IN U.S. ARA	VAR OR DATES)	TINO. IT. INFORMANI	ADDRES	S
S AL S AL PAC VISI		NO		mattie	Whoson 9:	34 Brooks La
: 505		18 CAUSE OF DEATH (Enter onl	y ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: WARYLAND,			e of the remains described above, held an		Inquiry [], a	nd in my apinian
A FINANCE OF THE PROPERTY OF T		death resulted fram: Natura	al causes . Accident . Su	icide, Homicide,	Undetermined manner,	
WAY WAS		ACTUAL \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- A 1/ 11	TITLE (SPECIFY)		
¥#₽¥# <u>`</u> —		SIGNATURE	20 nemu	M.D. Assistant	MEDICAL EXAMINER	SIGNED 3-5-82
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR, PAFTER DEATH, WITH THE SIT BATTEMORE, MARYLAND, 2	1	(TYPE OR PRINT) Mai	rgarita A. Korell.M.	D. ADDRESS 111 P	enn Street	
PAFE PAGE	23a. B	URIAL, CREMATION, REMOVAL 23		METERY OR CREMATORY	THE EDUCATION	
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH Merian Johnson 2b. HOUR TYPE OR PRINTS 005 page . Marion JOHNSON 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER JAHRS aughite YEAR 16 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Marvlend Beltimore City DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE Dwn Home Reltimore St. Agnes Hospitel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) la STATE 73 COUNTY Woodlawn 13d. INSIDE CITY LIMITS 13 1775 E. Champlain Drive 21207 Beltimore Meryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nellie Fishpew Bassler John ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 215-09-2685 Same as # 13 Harry L. Johnson No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS ACONSEQUENCE C Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION O Necrosis ONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY Lena IN CERTIFYING CAUSES OF DEATH? Neoplasm YES P NOF NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY H 00 MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH otu WEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) or Iter 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a certify that (this haspital) attended the deceased from sow the deceased alive on , and that in (my) (opinion death occurred on the date and hour and from the causes stated above, (1) (1) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS ld b 0 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECIFY 3/13/82 Woodlawn Burial Lorraine Perk Cemetery Beltimore Md. BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR SIGNAMINATION Witzke P.A. DHMH-16 30M 2/80 ADDRESS ipances (VRA 15, 4) 1630 Edmondson Avenue, Catonsville, Md. 21228



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Chimunek Funeral Home, Inc.

3331 Brehms Lane, Balto, Md.

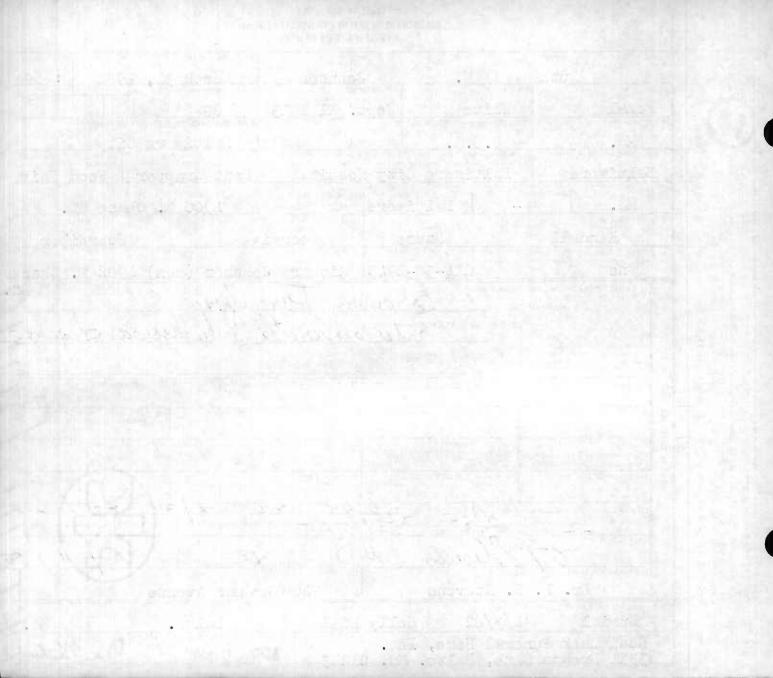
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH DECEASED NAME FIRST 2h HOUR (TYPE OR PRINT) Ruth Johnson March 3. SEX 4 RACE S DATE OF BIRTH MONTH DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Meat Wrapper Food Fair Chase St Schreiber Richard Johnson (son) 4902 E. Chase APPROXIMATE INTERVAL CT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗌 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE and that in (my) (and) apinian death accurred an the date and haur and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN 3400 Erdman Avenue Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

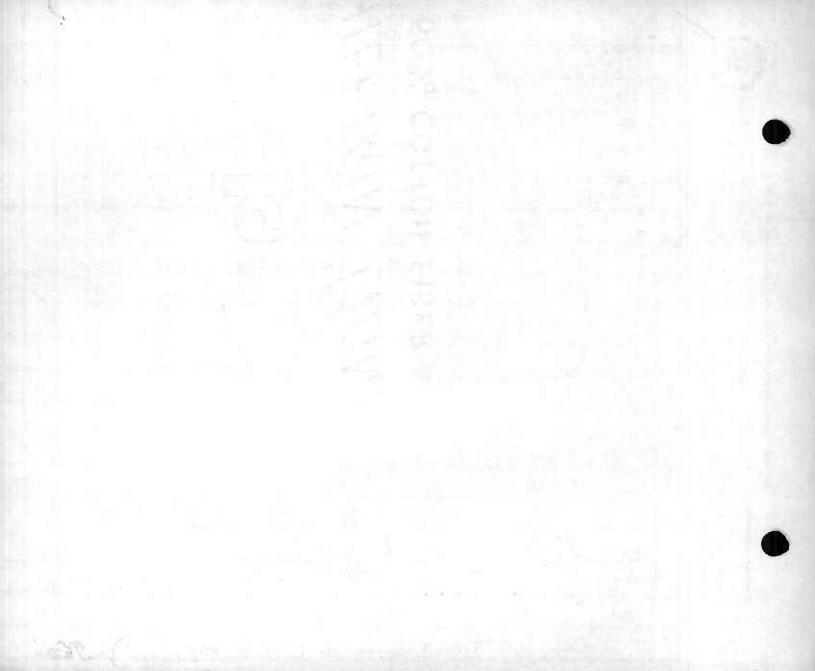
STATE OF MARYLAND

FOR

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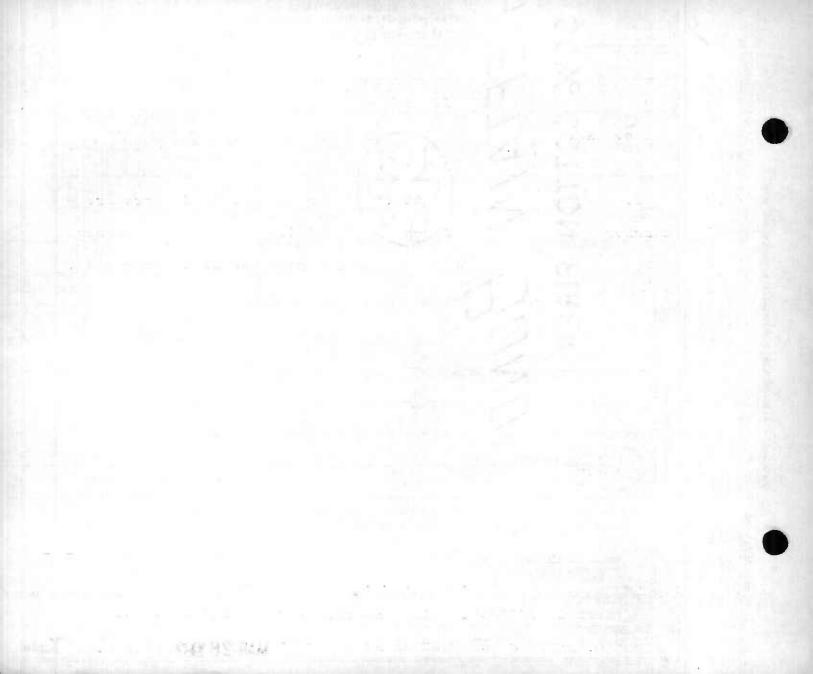
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR Winnie (Winnie) ESTI-Johnson DEATH MATED 3 82 19 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 2d HOUR LAST BIRTHDAY) female black PRONOUNCED D, WITHIN 72 P 5 DEAD 21 82 60 YRS b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR 2, AND 3 TO THE FUNERA
3. RETAIN PAGE 5 FOR 7
2 SHOULD BE FILED, WITHII
AL RECORDS, 201 W. PREST MARRIED NEVER MARRIED FOREIGN COUNTRY) N.C. WIDOWED & DIVORCED Baltimore D CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION ITYPE OF WORK 12b KIND OF BUSINESS LE NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore Good Samaritan Hospital USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c. CITY OR TOWN 13e STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? Baltimore MD YES SC NO 2300 Southern Avenue VITAL, 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 1. PAGES 1 AND 2 DIVISION OF VITA GES 1, M PM MIDDLE MIDDLE Moses P. Blackwell Lottie Edwards 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR OATES) No Walter Johnson 5516 Whitwood IICAL EXAMINER ALONG WIT A BURIAL - TRANSIT PERMIT. P. H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. THE RE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY LATHOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE AT WORK 228. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/1/82 SIGNATURE EXAMINER'S NAME Penn Street, Balto., MD 21201 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE 3/5/82 Baltimore Nat'l Cem Baltimore MD 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS (VR A15 ME (5)) 1101 E. North Ave C. March F/H 15M 2/80



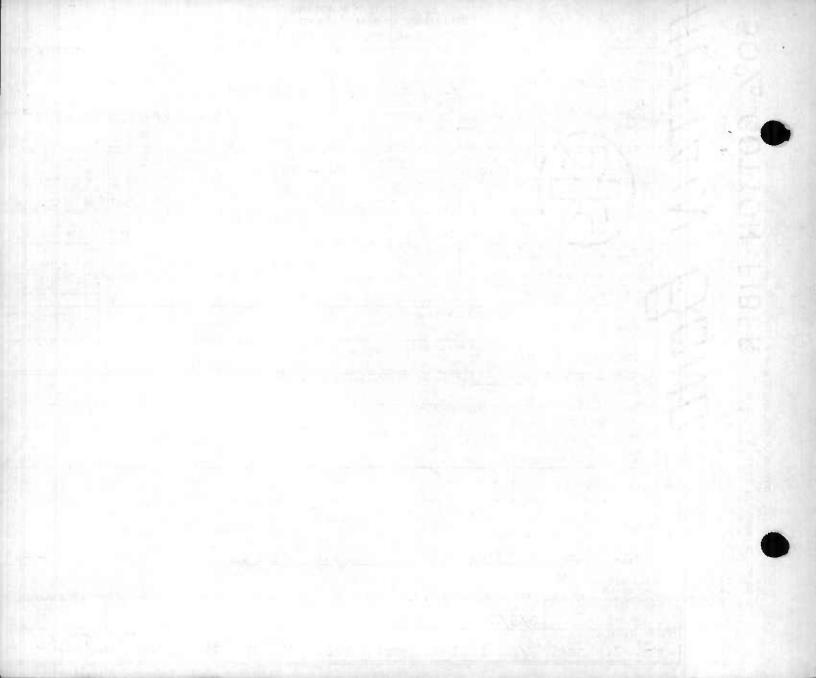
3	_	REGISTRAR	VII	7 STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	6 5 0 9
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Page 4 moy be director, page 3 hours after death		MALE	1. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 4 14 30	51 YRS	UNDER I YEAR IF UNDER 24 HRS
deoth. P		RTHPLACE STATE OR HOTEGH	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	DALTMORE CITY OR COUNTY OF	City MD.
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AND 212	13a.	mo 3 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13, CITY OR TOV	MORE YES NO [130 STREET ADDRESS Bonne	RL.
MARYL ompletely cond 2 s	14. F/	Andrew Andrew	MIDDLE Z ON	15 MOTHER'S MAIDEN NA	MIDDLE) ean
TIMORE, be execut to an and co. s. Pages 1 s medical	16a \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? IVE WAR OR DATES) 16b SOCIAL SEC 212-28-	A	s 927 Bevan	St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. If the this certificate has been signed by the attending physician and completely filled in by as the bund-transit permit. Then please remove corban papers. Pages I and 2 should be filled the and Mental Hygiene prior to burial, cremation, or remaval. Orked or Item 18 shows ony injury, or ather troumatic event, the medical pregrammer myst in the prior to burial.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL (c) [Mem Mg] Fr	redio- Respirato JENCE OF JENCE OF JENCE OF	mia, Possible	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TTENDI pitol op TTOR: A far use of Heal		22a I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did r	piton attended the deceased from on 19 not) view the body offer death.		deoth occurred on the date and hour o	nd from the couses stated
O HOSPITAL OR AT etgined by the hosp TO FUNERAL DIRECT should be detached for with the Stote Dept.		22d. SIGNATURE 1 V K 22d. PHYSICIAN'S NAME (TYPE	elleti		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 3/17/82
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1509BP	(BURIAL, CREMATION, REMOVA SPECIFY) Burial UNERAL DIRECTOR	3/22/82 23c.	NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. 1250 DAT	23d. LOCATION CITYORTOWN Anne Arunde E REC'D. BY REGISTRAR 25b. REGISTRA	STATE STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		M. C March	F/H IIAI F		AR 19 1982 Zances	Jan Warthen

TOPINGET . UTL. LABI BARGI TOPER A 14 30 5 - 1 + 1 ACN G/A WHOSE PROVIDENT RESE MO BALTIMORE & THE BEARER BAL. Andrew Junes Thelms Dean 112:28-0158 Grace Jones 927 Genen St. 5 (4 THE CTERRES CARPER, Dane -Sured 3/22/82 (CERT HILL COM HAME HERED) Co MAD

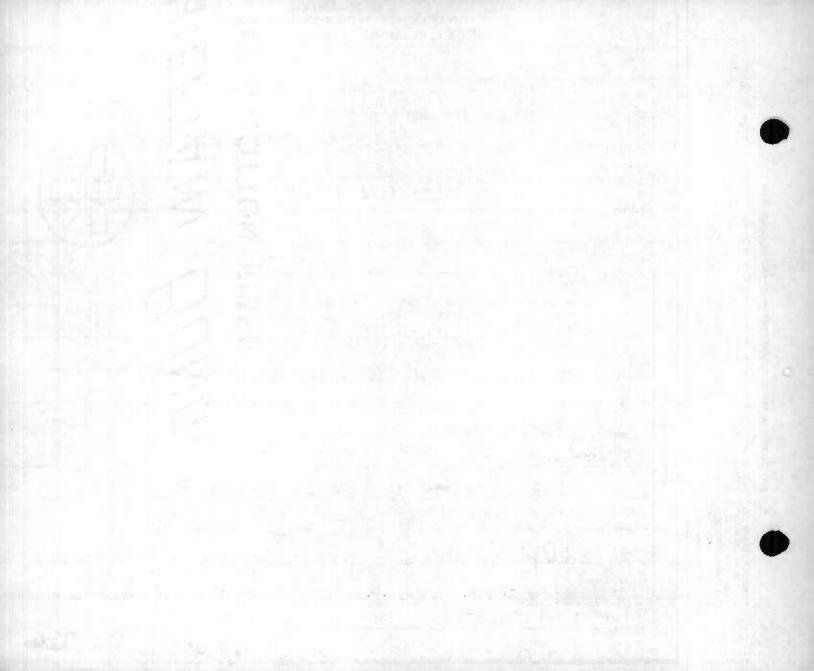
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH YEAR 7b HOUR TTYPE OR PRINT OF ESTI-1982 B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
WITH FORM PM 3, RETAIN PAGE 5 FOR YOUR FILES.
T. PAGES 1 AND, 2 SHOULD BE FILED, WITHING 2, HOURS.
DIVISION OF VITAI RECORDS—201 WI PAGES ION STREET. DEATH MATED XX 3 22 Clara Jones 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HR DAY DATE YEAR DAY LAST BIRTHDAY) PRONOUNCED Black Female 10 1082 17 13 68 DEAD 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Balto., Md. USA WIDOWED X DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS. OR INDUSTRY FOR MOST OF WORKING LIFE) Druid Park Lake Drive Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. YES X 727 Druid Park Dr. NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST 145 FIRST F1R51 MIDDLE Charles Bertie Jones Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS IYES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES No Noward Jones 1002 Reverdu Rd. APPROXIMATE INTERVAL TO MEDICAL EXAMINER: 1113 CENTIFICATION OF PENDING" IN PENCIL IN TIGHT OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THE CAHE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG. TO FUNDED BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO F 21a EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant 3-24-82 SIGNATURE EXAMINER'S NAME III Penn Street Dolan, M.D. Virginia L. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore, Md. STATE Burial 3/27/82 King Memorial Park BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-17 LEROY O. DYETT & SON FUNERAL HOME 4600 (VR A15 ME (5) 15M 2/80



	1-	FOR STATE				MENT OF HI	EALTH .		NTALH		2	0 6	5 5	11
		REGISTRAR		WED	ICALE	XAMINE	R'S CI	ERTIFIC	ATE O	FDEATH	REG.	. NO.		
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WHEA PECTO 2 HOU N STREE	3. SEX	Male	Black	5. DATE OF BIRTH	53	6 AGE (IN YEARS 28 IRTHDAY)	LEUND	ER I YR.	HOURS	A HRS. 2c. D		MONTH	3 198 DAY YI	6:40
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VARDED AGE 3 SI TATE DEP 21201 PR	MEDICAL	21d. INJURY OCC WHILE AT WORK	OT WHILE T	21e PLACE O STREET, FACTO	RY, FARM, ETC	(AT HOME, C.)	21f. LOCA STR			СПУ О	OR TOWN	co	PUNTY	STATE
EXECUTE THE CERTIFICATE, WRITING THE WORD "TRE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF		22a certify the deoth resulted f		e of the remains described causes X,	ibed obov	e, held on Suicid	Autopsy de, M.D	Homicio		Undetermined	d monner	ond in my op], DATE SIGNE		3-3-82
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BP	(5	JRIAL, CREMATION PECIFY) Buria JNERAL DIRECTON	1 :	3/9/82		ing Me		ial	Pk.	23d. LOCATIO CITY OR TOWN Balt C'D. BY REGIS	imore			MD STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	NAME	March :	F/H 110	1 E.	North	n Av	e.	MAR	4 198	_ ~	11/	en Mart	hen



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME KNOWNXX (TYPE OR PRINT) OF ESTI-DEATH MATED MICHAEL L. JONES 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST STHOAY PRONOUNCED male black 66 3-20-82. DEAD 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Kansas MARRIED NEVER MARRIED X USA WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH PAGE ! 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F Baltimore University Hospital VUAL RECORDS, 13h COUNTY 13d INSIDE CITY LIMITS? 13. STEO McKean Avenue Bart More 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DEATH. GES 1, 2 MIDDLE Jones MIDDLE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEIL, CREMATION, OR REMOVAL. Isiah Jacqueline Travis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Jacqueline Jones 810 McKean Ave. N/A CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES XX NO [] E 3 SHOULD BE L 210 EXTERNAL CAUSE WAS VRITING THE WO VRDED TO THE GE 3 SHOULD B 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING XX OR subject shot MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 711 LOCATION EXECUTE THE CERTIFICATE, WRUIN POGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FAGTORY, FARM, ETC.) Baltimore. Maryland AT WORK in front of 624 N. Monroe Street AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide X Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-20-82 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD 3/26/82 Crownsville Burial Md. Veteran Cem. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 1101 E. North Ave. March F/H 15M 2/80



10	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2.	06513
eooth decoth		CEASED NAME FIRST WILLIE	MIDDLE 4 RACE	JONES Is date of Birth	20. DATE OF DEATH MON	82 PAM
	70. B	Male RTHPLACE (STATE OR FOREIGN 7	Negro	MONTH DAY YEAR	62	MONTHS DAYS HOURS MIN.
ter death he funeral within 7		1. Carolina	4.S.A.	MARRIED MEVER MARRIED	Dalto. (MD.
nin 24 hours off	USU 13a	AL RESIDENCE (IF NURSING HOME OR G	TY 13 PTY OR TO	WN 13d. INSIDE CITY LIMITS	s? 130. STREET ADDRESS	Sugar
makttan ed within 2 ond 2 shou	14. F.	ATHER'S NAME Eddia	NODLE JONE	YES NO 15. MOTHER'S MAIDEN		leach
and co		No	242-24	1-9644 Maggie	Jones 1715	Blooming dak Rd
squires that the death certificate be squires that the death certificate by signed by the ottending physicial Then please remave corban papers, to buriol, cremotion, ar removal.	Z	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON (c) ONDITIONS CONTRIBUTING TO	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE T		DN GIVEN IN PART 1101
he law re bon hos been permit.	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
DING PHYSICIAN: TO or ottending physicia After this certificate e os the buriol-transis oith and Mental Hygi marked or them 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH (P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 21f LOCATION	CURRED (ENTER NATURE OF INJURY IN I	COUNTY STATE
R ATTENIA haspital RECTOR: hed for us sept. of Hee		220 Certify that (1) this hospite sow the accessed alignment of the ceased alignment (1) that th	JAN 6 19	DEGREE		221. DATE SIGNED
HOSPITAL bined by th FUNERAL vold be det th the Stote		22d PHYSICIAN'S NAME (TYPE OR	EEMAN	22e. ADDRESS	SLER DR. TO	$\frac{3124/82}{2000}$
0 % 0 % \$ \$ **		BURIAL, CREMATION, REMOVAL	3-29-82 F	NAME OF CEMETERY OR CREMATO	CITY OR TOWN	Ballo, MJ.
DHMH-16 30M 2/80 (VRA 15, 4)	C	arlon C. Doug	lass 1012		MAR 26 1982	REGISTRANS SIGNATURE

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	10	11-	STATE REGISTRAR				XAMIN				4	٠ 4	REG. NO.	O		
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	32.56	3. SEX	4. RAC		DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA			IF UNDER 2		DATE		ONTH D	DAY YEAR	2d HOUR
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	FOR YEAR WITHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)	/6	. CITIZEN OF WH		TRY?			ER MARRIE		BALTIMORE	_		OF DEATH	
			MARYLAND TY OR TOWN OF DE	ATH 1	I. NAME OF HOSE	S. N.	SING HOME	OR OTH		DIVORCE		OCCUPATION			KIND OF BU	JSINESS
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DIVISION OF VITAL RECORDS,	ULD BE EXECUTED WITH PENCE FOR MEDICAL EXAMING SED AS BURIAL - TRASED		PART 2 OTNER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PART	11-a.					
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	EXAMINER: E CERTIFICATE JUILD BE FOR I DIRECTOR: H, WITH THE S MARYLAND		death resulted from	n: Natural	couses ,	Accident	X, Sui	ide 📗	Homic	ide .	Undeterm	ined monner	r .			
	EXA DIRE WIT WARN		ACTUAL /		YA	1				PECIFY)				DATE	7 0	0 00
	RAIL RE, A		SIGNATURE	lugine	a xho	lan		M.	D. ASSI	stant	MEDICA	LEXAMINE	2	DATE SIGNED	5-20	8-82
	UNE INO	-	EXAMINER'S NAME	Virai	inia L. D	olan	. M.D.			11	I Peni	Stre	et			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE WAS PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABLIMORE, MARKLAND, 21:	23a B	(TYPE OR PRINT)				IAME OF CEA		ADDRESS_		23d LOCA					
	BP	(5	BURI		4-1-82		EDAR	2.5			CITYOR	ALTO	M	COUNTY	5	TATE
	DHMH-17	24 F	NERAL DIRECTOR		ADDRESS					250. DATE RI			Sh. REGISTR	ANSIGN	JATURE _	9.
	(VR A15 ME (5))	7	Jartly	ex De	~ 753	7	Hart	of o	{d.	144	R 31	1982	Pranca	, Sa	m/ last	ren

Let empression the X Here of Board Mr. THE STREET STREET STREET OF STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 250, REGISTRAR SIGNAPLATION SIGNAPLATION

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	REGISTRAR			CERTIF	ICAIE OF DEATH	REG	NO.		
	DECEASED NAME FIRST		MIDDLE		AS1	20 DATE OF DEATH		DAY YEAR	26 HOUR
(1	YPE OR PRINT)	S	J.	KA	MEROW	MARCH	3, 198	2	7500
3. 5	SEX	4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
1	MALE	WHITE		FEE	3. 4, 1898 YEAR	84	YRS	NONTHS DAYS	HOURS MIN.
7a	BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
	MARYLAND	US.	A	WIDOWE			MORE CI'	TY	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS OR
1	BALTIMORE	2500 W	. BELVEDE	RE AV	E., APT. 606		AN	RETA	
13	MARYLAND		GIVE RESIDENCE BEFORE 131. CITY OR TOWN BALTIMO	N	138 INSIDE CITY LIMITS?	2500 W.B	55	T.606 E AVE.	#21215
14.	FATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN N	I AME MIDOL	56	1.41	6.T
1	ABRAHAM		KAMEROW		MOLLIE			ABRAMS	SON
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU			. MELVIN 49			
	NO OR UNKNOWN) [IF YES, G		217-07-4	989	3204 BONNI	E RD.	BALTO.,		21208
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per	line far (o), (b), one	d (c)	110			BETWEEN	ONSET AND DEATH
		ATE CAUSE (a)	Ucuti 1	NI	CHT			ho	aus .
	4100	DUE TO, O	R AS A CONSEQUE	NCE OF				100	
	Conditions, if any, which gave rise to immediate	(d:b)	13140					10	ny
	couse (a), stoting the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
		(c)							
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNIRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVE	EN IN PART I	0
A STA	190, DATE OF OPERATION	IN COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF VES	, WERE FINDI	NCS LISED
CERTIFICATION	THE DATE OF STERATION	130 CONO	TON TOR WHICH	OFERATIO	N WAS PERFORMED	_ \	IN CERTIF	TING CAUSES	OF DEATH?
- 12	21a. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY	-	21c HOW INJURY OCCU	RRED LENTER NATURE OF		ART L OR PART 2)	NO 🗌
			M. MONTH DA						
MEDICAL	(1F EITHER NOTIFY MEDICAL EXAMINE	P. PLACE		19	211 LOCATION				
X	WHILE NOT WHILE AT WORK	(AT HOME, STR	PEET, FACTORY, OFFICE FA	ARM, ETC)	STREET	CITA O	RIOWN	COUNTY	STATE
	270.1 certify that (I) (this bosy	Hel) ottended th	e deceased from_		1975 19	to C	ch	085	that (I) (we) last
	sow the deceased alive o			, or	nd that in (my) (av-) opinion	n death occurred on th	e date and hour	0	
	72% SIGNATURE	A THE LIBOURY	uner death.		DEGREE			22c DATE	SIGNED
	New	coin	un		ATTENDING PHYSICIAN	MEDICAL STORES	TAFF		
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
	STANLEY	ROSEN,	M.D.		2435 W. BE	ELVEDERE AV	E., SUI	TE 25	#21215
230	BURIAL, CREMATION, REMOVA		73c. N		EMETERY OR CREMATORY	ROSEDA	LE B.	ALTO.	MD
24	FUNERAL DIRECTOR SOL			INC	25a. DA	ATE REC'D. BY REGISTR	AR 25h REGISTE	AIR SIGNA	W. then

21215

DHMH - 16 50M 1/81 (VRA 15, 4)

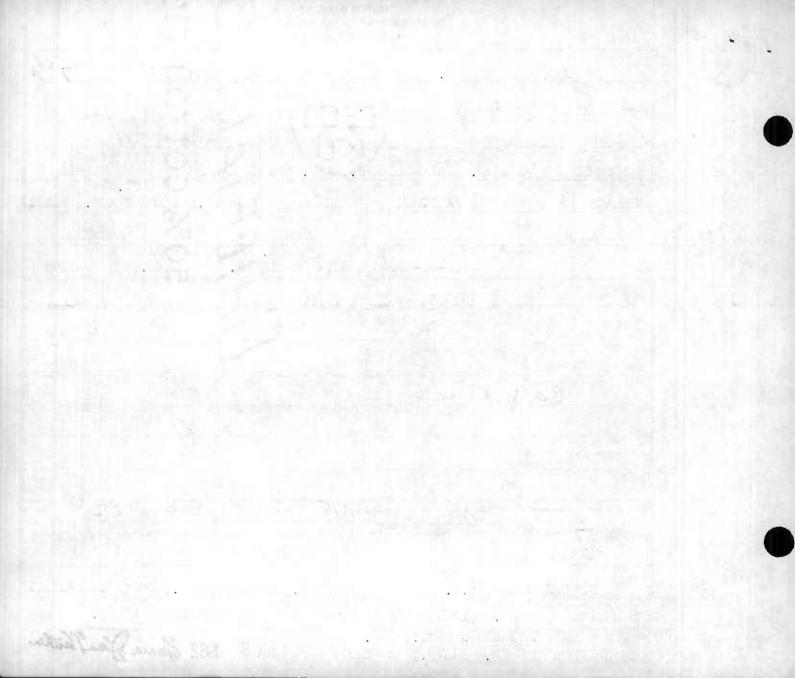
TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove corbanpaper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or frem 18 shows ony

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD. BALTO., MD



DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

ANNA

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

KAPPER

20. DATE OF DEATH MONTH, 2h HOUR 71 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR AT HOME HOMEMAKER 3016 FALLSTAFF MANOR CT. 21209

4 RACE 5 DATE OF BIRTH AUG. 19, 1910 FEMALE WHITE TO. BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? NEVER MARRIED RUSSIA USA WIDOWED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTIMORE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 3n STATE 13b COUNTY BALTIMORE MARYLAND 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE BRODNICK SYLVIA COHEN LEONARD 166 SOCIAL SECURITY NO. MRS. SYLVIADWAGONHEIM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 8511 TOPPING RD. 800-06-6897 BALTO., MD 21208 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 280 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATI 22c DATE SIGNED

KASSEL MD

ADDRESS SINAI 23d. LOCATION

230 BURIAL, CREMATION, REMOVAL BURIAL MAR.18,1982

231. NAME OF CEMETERY OR CREMATORY ARLINGTON (CHIZUK AMUNO) BALTIMORE

COUNTY

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD

21215

PHYSICIAN DIRECTOR PHYSICIAN

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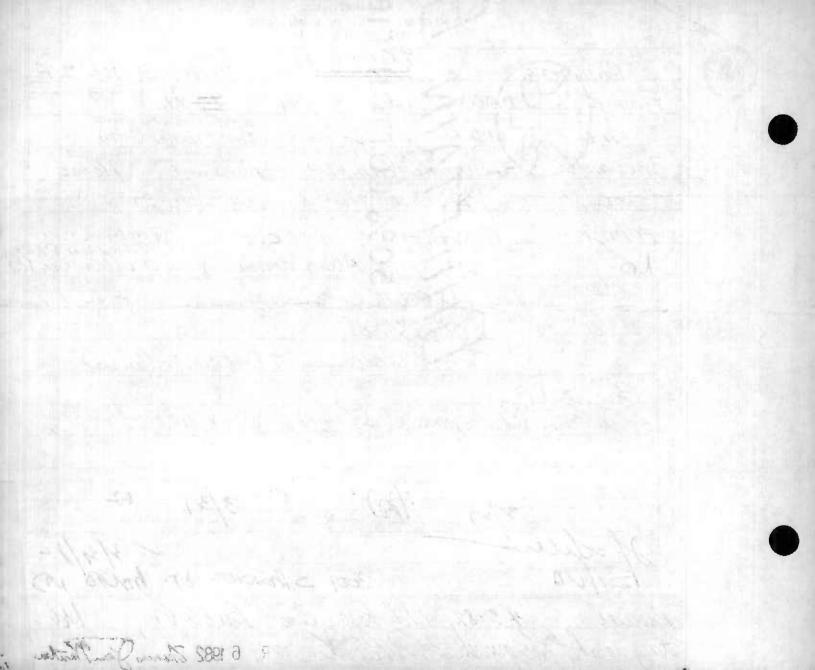
DHMH-16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	0 6 5	1/
1	(TYPE	CEASED NAME FIRST OR PRINT) DOROTH	Y A.	KARCH	AST IER	3-13.8Z	DAY YEAR 2b H	Z G
-	3. SE	FEMALE	CAU.	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	MONTHS BAYS HOU	IDER 24 HRS RS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U. S. A. 11. NAME OF HOSPITAL, NURSIN	WIDOWE			ITY	MD.
4	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A UNION MEMORIA	L HOS		12d USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING SALES LACLY	LIFE) 126. KIND OF BUS	
5	110. S	THER'S NAME		V	13d INSIDE CITY LIMITS? YES NO [515 EAST 3	5Th ST.	
C			MED FORCES? THE SOCIAL SECUL	RITY NO.	FIRST	MIDDE ADDRESS	LAST .	
		YES. NGORUNKNOWN) TIF YES, GIVI	084-03-4	790	DAWN BURCHE	TT 515 EAST 3.	575x.21:	218
		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY: E CAUSE (o)	A	nest		20 nu	LAND DICATH
		Canditions, if any, which gave rise to immediate cause (a), stating the	(b) CONSEQUE	dan	& Brest		30 mc	i
		underlying cause last PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	7 da	y
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS U TIFYING CAUSES OF DI YES TO NO	
1	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM IS	- Inne	
	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CHY OR TOWN	COUNTY	STATE
		saw the deceased alive an abaye (I) we (Idid) did not				, ta3 * 7.5 death accurred an the date and he		stoted
		226. SIGNATURE	Jalsh	,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3./3.	82
		PATRICIA WA	LSH			EMORIAL HOSPITA	C.	
	(CEMATION, REMOVAL		STUIS			3ALTO	mil
	Zª FU		VERAL Home 3631	FALL	s Rel 21211	REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE	

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August & Line		319	4.4		SELVEN
WIGHT SISTEMS SETTING PINN	13644	262.61.49	480		o/L
				t.	

STATE OF MARYLAND



	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 2	0	6 5	19
		CEASED NAME FIRST ANN		MIDDLE	KATR	INIC	MARCH 29		B2	2b HOUR 01:26
	3. SE	× Female	4 RACE Whi	te	S. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
7		RTHPLACE ISTATE OR FOREIGN COUNTRY) echoslovakia	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D XXNEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY O	R COUNTY		MD.
3		Baltimore	JOHNS			SPITAL	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LI		F BUSINESS OR
3	13a S	AL RESIDENCE (IF NURSING HON STATE 13b. CO ryland	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltin	N	138 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	14	St.	
20		THER'S NAME FIRST	WIDDIE	Sinal		15 MOTHER'S MAIDEN NAME FIRST	WIDDLE		Manik	
1		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? S. GIVE WAR OR DATES)	166. SOCIAL SECU 214-24-2		17. INFORMANT Edward J. K	atrinic 126			d -21032
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! 40 80 Conditions, if any, which gave rise to immediate	DIATE CAUSE (a) DUE TO, OI	F 1	PATE	ony arriest	MA		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
		cause (0), stating the underlying couse lost	(c)_	DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE					_	
	NOI	PART 2. OTHER SIGNIFICAT		The state of the s	DEATH BUT	NOT RELATED TO THE TERM	nal disease or cont	ITION GIV	EN IN PART Ita	
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES	
2		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		220 I certify that (I) (this he sow the deceased alive above, (I) (we) (did) (did	an Myrich	29 19 6	1	H 18 , 19 8 Z and that in (my) (our) opinion d	eath occurred on the do	te ond hau		hat (1) (we) last auses stated
		226. SIGNATURE Line	F. Opin		M.	ATTENDING PHYSICIAN	MEDICAL STAF		3/2	A/82
		224 DHYSICIAN'S NAME IT	(DE OR DRINIT)			122. ADDDECC				

Sacred Heart of Jesus

DHMH-16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

SPECIFY

Burial

24 FUNERAL DIRECTOR Lilly & Zeiler, Inc. 700 S. Conkling St.

23b. DATE March 31 '82

F. GMENEZ

Baltimore Maryland

JOHNS HOPKINS

23d. LOCATION

HOSPITAL

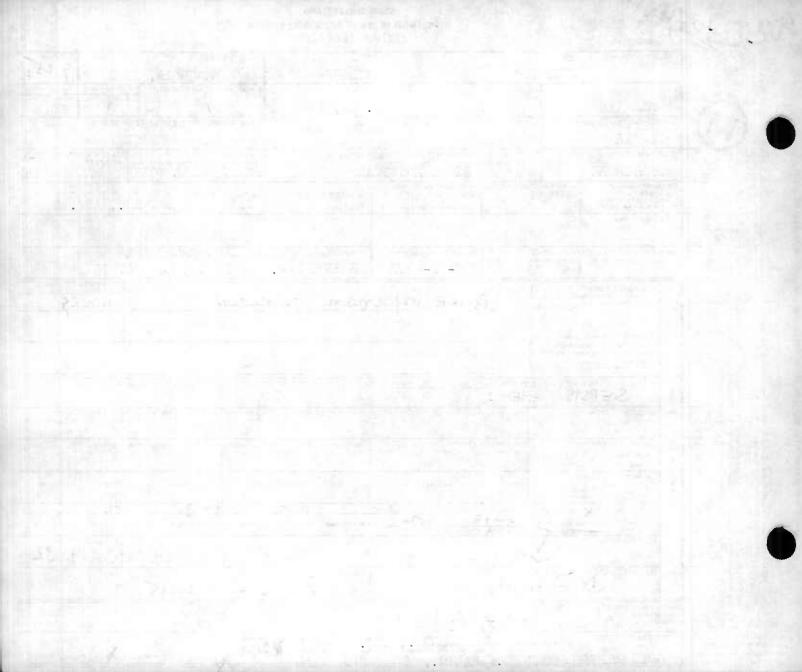
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aterinic 1265 Robert Fond -210	4-2221 Edward J. I	211.2	om Off
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STATE OF MARYLAND

03/3 8g 5/20 THE R. P. LEWIS CO., LANSING MICH. ZAMAYIR AA 1

10.	\$ 1	tem #3 per phone for 3/30/82 re - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 0 6 3 2 1 CERTIFICATE OF DEATH REG. NO.				
more than the same of the same		PECEASED NAME FIRST YPE OR PRINT) MILTON	MIDDLE	LAST TOTAL	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
affoc des	-	MILION	N 14 RACE	KATZ	03	20 82 4:03 M	
		FEMALE Male	WHITE	5. DATE OF BIRTH MAY 12°, 1908°	6. AGE (IN YEARS LAST BIRTHDAY) 73	MONTHS DAYS HOURS AMIN.	
(M) B	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF WHAT COUNTRY USA	/? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUN	CITY MD.	
1113	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR		
4 11 2	BALTIMORE		Johns Hopkins Hospital		SALES MANAGER UNIFORMS		
4 35 5	The	UAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFO INTY 13c. CITY OR TO	WN 13d. INSIDE CITY MITS?	13e. STREET ADDRESS AP	T. B-1	
(A) = 3 - 5 -	7		ALTO. BALTIM		7229 PARK HTS.	AVE. #21208	
N 35 7	300	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
B 150 200	10	ISAAC	KATZ	ANNA	ADDRESS	MYERS	
T = 10 %	1 100		IVE WAR OR DATES)		RS. PAULA KATZ	7229 PARK HTS.	
D 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>	NO I	059-129		B-1 #212	~ ~	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), o	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ឃា ង្ខិត្ត			ATE CAUSE (a)	live arrest		3.25 AM	
	. 12	7100	DUE TO, OR AS A CONSEC	UENCE OF	212 4/1		
movin motion	1	Conditions, if ony, which gove rise to immediate	(b) h	soun au a	passing		
Se re the		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	HENCE Plandent	faction		
pried pried in or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINIAI DISEASE OR CONDITION O	CAVENTINI DADT 1/-	
equir sign Then to bi	NO O	The state of the s	CONDINONS CONTRIBUTING TO	DOLAN BOTHOT RECALED TO THE TERM	MINAL DISEASE OR COMMINION C	SIVEN IN PART TIO	
beer mit. orior	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED	
he lo	<u> </u>	2/17/1/1	- Qan	19 rpne		TIFYING CAUSES OF DEATH?	
N ysici	E E	210 ACCIDENT WAS UNDERLYING	216. TIME OF BURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN URY IN ITEM)		
ICIA g ph entificial-trinial-trinial-trinial-tri	4	OR CONTRIBUTING CAUSE OF DE	TAIN .	DAY YEAR			
HYS ndin his c bur d Me	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE	
otte otter ter t s the hond	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) SIRCE!	CHTOKTOWN	COUNTY	
ADIN S. Af			oital) attended the deceased from	3/19 19.82	_, to 3/20	, 19_8 2_, that (b) (we) lost	
TTE spito		saw the deceased live or	n 2 0 ot) view the bady after death.	ond that in my (our) opinion	death occurred on the date and h	aur and from the causes stated	
OR A hos shed sept.		22b. SIGNATURE	1 4	DEGREE		224. DATE SIGNED	
AL DAL D detocote Date D		VIII	Mul	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/20182	
SPIT d by		22d. PHYSICIANS NAME (TYPE	OR PRINT)	22e ADDRESS	1		
TO HOSPITAL retained by th TO FUNERAL should be detr with the State		Mus	lund	capus	Huskin Hon	mtal	
of of of Milk	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	73d. LOCATION	N. of proceedings.	
7 2/BP		(SPECIFY) BURIAL		SHAAREI TFILOH	BALTIMORE	MARYLAND	
DHMH-16 50M 1/B1	24	FUNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC. 25a. 25a.	PRECISIPAR 256	STRAPS IGNATURE	
(VRA 15, 4)		6010 REISTERSTO	OWN RD. BALTO	MD 21215	MIL WE 1301 Plu	ON	

- - C. - - -. 8 0



2	1.	FOR	DEP	STATE OF	MARYLAND H AND MENTAL H	YGIENE	063	23
0	1-	STATE REGISTRAR		AL EXAMINER'S		6.0	NO.	
	1. DE	CEASED NAME FIRST	MIDO	DIE	LAST	2a. DATE KNOWN OF ESTI-		AR 2b. HOUR
28287	12	Willi	am	Ke	earney	DEATH MATED		
52456	1. SE		5. DATE OF BIRTH MONTH DAY Y	6 AGE (IN YEARS IF U	NDER 1 YR. IF UNDER 2	MIN. PRONOUNCED		EAR 2d HOUR
\$ 18 M	Silver and	ale black	2-26-4			DEAD	3 14 19 8	
Na see	D.	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT C	MARI	RIED NEVER MARRIE	D-14-	YOR COUNTY OF DEATH	
25 2 2 3 =	10. C	ITY OR TOWN OF DEATH	111. NAME OF HOSPITAL	, NURSING HOME, OR OT		D D BAITT	TYPE OF WORK 12b. KIND OI	MD. F BUSINESS
DELAY IS 1 TO THE 1 N PAGE 0 BE FILED		Baltimore	(IF NOT IN SUCH FACILITY,	E. NorthAver	nue	UN Employed	OR INDI	USTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RITHED THE WORD." PRENDING"." IN PENCIL IN 1EM. BUVE PAGES 1, 2, AND 31 OTHE REDED TO THE CHIEF MEDICAL, EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE SE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITALRECORDS, 201 OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		AL RESIDENCE (IF IN NURSING HOME OF ATTATE 13b COUN		DENCE BEFORE ADMISSION) CITY OR TOWN ATTIMONE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	th ave,	
4. F. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	14 F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE		LAST	
DEATH. AND 2 AND 2 OFFILM	16	Villiam		ea thev	Elizabot		Recd	
ST., BALTIMORE, COURS AFTER DEA! 118. GIVE PAGES G WITH FORM PRIT. PAGES 1 AN MIT. PAGES 1 AN IE. DIVISION OF W		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b WAR OR GATES)	SOCIAL SECURITY NO.	17. INFORMANT	ADDR	4	10.11
S AF GIVE FAG VISION		NO	43.0	14-44-1603	Flizabeth	Kentney /OC	& E. horth	AVE.
RESTON ST., B. HIN 24 HOURS HIN 18-G R ALONG WITH VIST PERMIT. P. HYGIENE, DIN		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D BY:			/	APPROXI BETWEEN C	MATE INTERVAL
PRESTON S ITHIN 24 HC ICLI IN ITEM NER ALONG ANSIT PERM AL HYGIENE		2 A 2 A IMMEDIA		gastro-inte	estinal hemo	rrhage		
W. PREST WITHIN IN I		Canditians, if ony, which		rom esophagea	l varions			
201 W. PRE UTED WITHI IN PENCIL I EXAMINER IAL - TRANS O MENTAL I DN, OR REA		gave rise to immediate cause (o) stating the <u>under-</u>		CONSEQUENCE OF	i vai ices			
SIAL- ON,		lying cause last.	(c)					
AL RECORDS, 201 W. P. JULD BE EXECUTED WITH PEDICAL EXAMINES FE AS A BURIAL - TRAINES FE HEALTH AND MENTAL AL, CREMATION, OR R.		PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	ISE DR CONDITION GIVEN IN PAR	T 1 (a)		
RECORDS TO BE EXECUTE MEDICAL AEDICAL AETH AN CREMATI	CERTIFICATION		nic alcohol					
SHOULD SHOULD OND "PE CHIEF A CHIEF A CHIEF A CHIEF A CHIEF A	1 S	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	WAS PERFORMED?		20 AUTO	
F VITA WORD WORD BE CHIE BUSIN OF BURIN	- 1	210 EXTERNAL CAUSE WAS	21b. TIME OF INJU	IDV 121, I	HOW IN II IBY OCCUBBE	ENTER NATURE OF INJURY IN ITEM	YES .	XX NO 🗆
N ON THE CALL		UNDERLYING OR	HOUR A.M. MO	NTH DAY YEAR	TOW INJURY OCCURRED	(ENTER INCIDAL OF MODER IN HER	(TOPART TORPARTZ)	
ISTO ISTO ISTO ISTO ISTO ISTO ISTO ISTO	MEDICAL	CONTRIBUTING CAUSE OF	21e PLACE OF IN	JURY (AT HOME, 21f. LC	OCATION			
	¥	WHILE NOT WHILE THE AT WORK	STREET, FACTORY, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
ニーングこん		22a. I certify that I took chord	ne of the remains describe	d obave, held an Auta	psy VV, Inspection	, Inquiry,	ond in my apinian	
				dent , Suicide	psy XX, Inspection	Undetermined manner	7.	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		-	to AX		TITLE (SPECIFY)		_	
AL HOUTH		ACTUAL SIGNATURE	Mina	W	M.D. <u>Assistant</u>	MEDICAL EXAMINER	SIGNED 3/	15/82
EDIC JTE T 4 SI	-	EXAMINER'S NAME	-					
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH	1	(TYPE OR PRINT) HOY		d,M.D		n Street, Ball	10.MD 21201	
除证 Q P ★ Q Q	73a, E	RIPER OF THE PROPERTY OF THE P	3-20-52	134. NAME OF CEMETERY	or Crematory	CITYORTOWN	La Construction	Note.
090 VBP	Q4. F	UNERAL DIRECTOR	0 000	ANTI-CH INEA		EC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE	114,
(VR A15 ME (5))	1	Milliam ITSDE	ADDRESS 16.39	h. Broadway	MAND 1	8 1092 2	Qua Warthen	
15M 2/90	17	111111111111111111111111111111111111111		11.710.100		A	The second section is a second section of the second section in	

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(TYPE OR PRINT)

REGISTRAR

1 DECEASED NAME

Baltimore City 26 KIND OF BUSINESS OR INDUSTRY 226 N. Fulton Avenue Daniels ADDRESS Era Ferrell 1530 W. Lexington Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH day 2 day PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING NO IT 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) CITY OF TOWN and that in (my) (authorizing a pinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN COUNTY Burial 3/10/82 Mt Auburn Cemetery Baltimore DHMH - 16 50M 1/81 William C. March F/H 1101 E. North Avenue (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

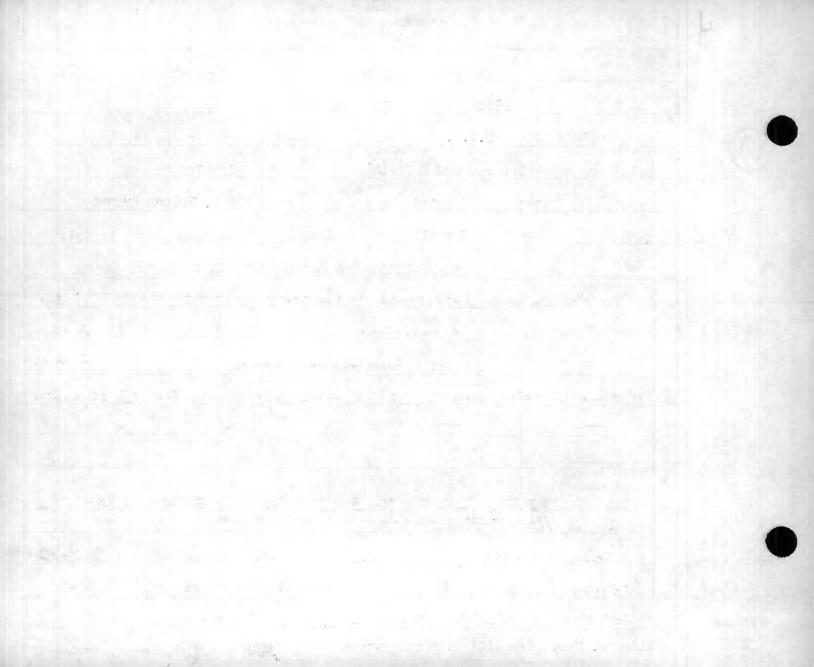
CERTIFICATE OF DEATH

REG. NO.

2h HOUR

7:55

2g. DATE OF DEATH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 -	FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

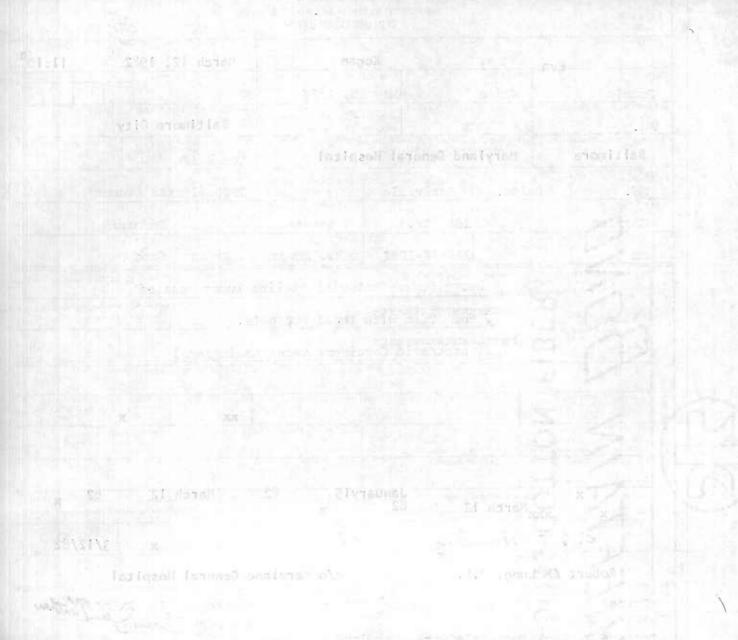
7	2.	0	6	3	-)	
U	l'a	C	0	-3	Cine	الب

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
	DECEASED NAME FIRST	MIODLE		AST		MONTH DAY	YEAR	2b HOUR
1	TYPE OR PRINT)	М.	Ke	gan	March 12	1982		11:10 ^a
3.	SEX Eva	4. RACE	5 DATE (6. AGE (IN YEARS LAST BIR		DER 1 YEAR	IF UNDER 24 HRS
	Female	White	MONT		57	MONTH		HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		13, 1324	9 BALTIMORE CITY O	YRS	DEATH	
1	COUNTRY		MARRIE	DE NEVER MARRIED			DEATH	
10	Md.	USA	WIDOW		Baltimo			M
3	Baltimore	11. NAME OF HOSPITAL, NU POST IN SUCH FACILITY GIVES	ieral He	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE		NDUSTRY	F BUSINESS OF
13 2	SUAL RESIDENCE (IF NURSING HOM O a. STATE Md. B	NTY 13c CITY OR		13d. INSIDE CITY LIMITS? YES NO 🏋	13e STREET ADDRESS 2920 Alves	rta Aver	ue	
14	FATHER'S NAME FIRST Charles	Schmick S	r.	15 MOTHER'S MAIDEN NAME FIRST Teresa	WE	Bednari	k (AS1	
160	WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDRE	SS		
2	(IF YES, GE	VE WAR OR OATES) 218-16	-1791	Mr. Edward	B. Kegan	Same		
NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICANT	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KWXXXXX ain with KWXXXXX stic Car	focal necros	is. Meningioma) INAL DISEASE OR CONE	DITION GIVEN IN		
CEPTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES X	RE FINDIN CAUSES	GS USED OF DEATH? NO
MEDICAL CER	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	716 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR			
A	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE FARM, ETC)	STREET	CITY OR TOV	√N C	OUNTY	STATE
	278. I certify that X (this hospital) attended the deceased from January 15 19 82 to March 12 sow the deceased alive on March 12 19 82 and that in (rX) (our) opinion death accurred on the date and hour obove, X (we) (did) (diXXX view the body after death 278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR							hot x (we) los ouses stoted SIGNED /82
	Robert AMM	Lung, M.D.		c/o Maryla	nd General	Hospital		
230	BURIAL, CREMATION, REMOVAL		23c. NAME OF C Dulaney	EMETERY OR CREMATORY Valley	Cockeysvi	lle	to of	lither

DHMH - 16 50M 1/81 (VRA 15, 4)

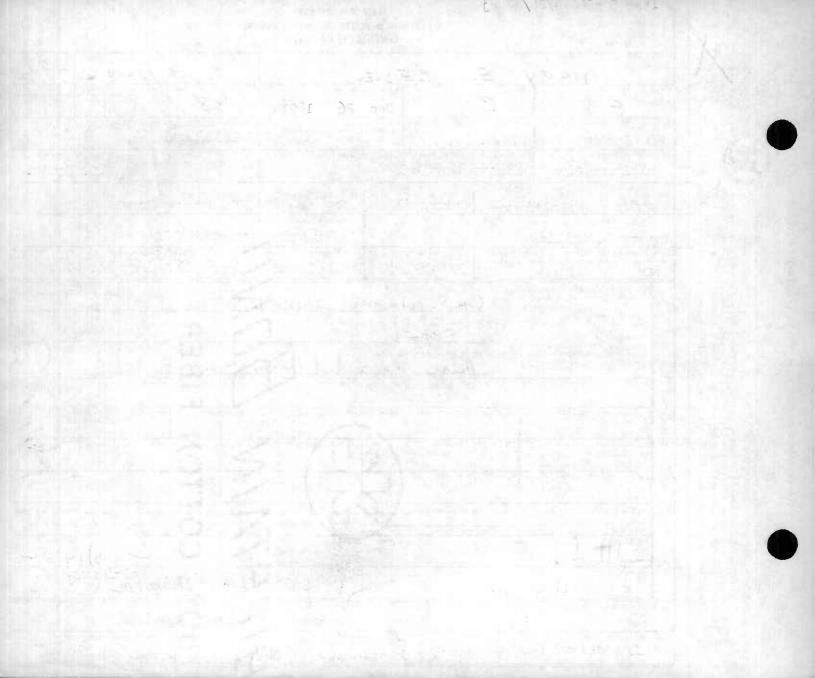
Leonard J. Ruck Inc. Baltimore, Maryland

250 DATE REC'S 8 1982 TRANSPORTER SIGNATURE



	ix		1 -	STATE REGISTRAR	0 0 3	6. 0				
	-/			CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR 9
20	100		3. SE >	INHK	RACE	CELLE	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	1 PM
E 7 4 0	setter.		J. 3E/	F	B	Dec		88	MONTH'S DAYS	HOURS MIN.
2	上	10	70. BI	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED		R COUNTY OF DEATH	
1/3		2/			U.S.A.	WIDOWE		Baltimor	e Celes	MD.
100		16	Ba	altimore City I	II. NAME OF HOSPITAL, N (FENOT IN SUCH FACILITY, GIV utheran Hosp	oital	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126 KIND O INDUSTRY U.S.	Gov't.
MARYLAND 2120		35	USUA 130 S Ma	ALRESIDENCE (IF NURSING HOME OR OF CATALOG 134 COUNTY BALTS	other institution give residence in the cator	R TOWN SVILLE	13d INSIDE CITY LIMITS? YES MO	3235 Sprin	g Grove	
	ond 2	30	Se	vern L. Collins		ST	Information	not availab		
BALTIMORE,	Poges Pedicol	2	16a. W		WARORDATECL	L SECURITY NO. 66-6837	17. INFORMANT Ruth Clayton,	niece, 42	hington, D. Quincy Pl. 1	C. 2000 N.E.
	hysicic popers loval.			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	RV	(b), and (c).)	our Arres		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
201 W. PRESTON ST., es that the death certifi	ned by the attending please remave carbo vrial, cremation, ar re c, or other troumatic			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) SC DUE TO, OR AS A CON (c) ACCOR	PSIS ISEQUENCE OF MHOC	ardial In Sa	restaun	DITION GIVEN IN PART 16	
DIVISION OF VITAL RECORDS, 201	n. tos been sig permit. Then ne prior to b ws ony injury	9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V			200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED OF DEATH?
TAL:	nysicion. Icote hos ronsit per Hygiene 18 shows	+	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES OR DARK 2	NO 🗌
OF V	ding physic certifice buriol-tro Mentol History or Item 18	9		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		H DAY YEAR	THE HOW INSORT OCCUR.	CO (ENTER NATURE OF INJUR	TIN ITEM 18. PART OR PART 2)	
IVISION	ottendir iter this is the bu h ond Mi		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
2 2	R: Af use of teolt			220.1 certify that (I) (this hospital	al) attended the deceased	from	, 19	, to		that (I) (we) lost
ATTE	CTO CTO d for of h			saw the deceased alive on above, (I) (we) (did) (did nat)	view the body after death.	_19, or	d that in (my) (aur) apinion c	death accurred on the do	te and hour and from the	causes stated
AI OR	y the ho RAL DIRE detached fote Dept			22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F SIAN STE	SIGNED
HOSPIT	retained by the TO FUNERAL should be det with the State IMPORTANT:	1	0	224 PHYSICIAN'S NAME (TYPE OR	PRINT)			shburton St	Baltimore	e, Md.
9	sho To		23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	V	
2006	BP	81		specify)	Mar. 19,82	Marylan	d National	Laurel, M	aryland	STATE
DHM	AH - 16 50M 1/81 (VRA 15, 4)		24. FU MCC	rial INERAL DIRECTOR Buire Funeral Se	ervice, Inc.	7400 Ge	orgia Ave 250 DATE	P 1 6 1002	256 REGISTRAR'S SIGNAT	URE
					W	asimilato	II,D.C. IIIA	1 10 130/	VI WALL STREETS	

1 tem 5 g500 4/20/02 gj



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, the medical exam

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		170	11	02	1745
ATE OF	DEATH	MONTH	DAY	YŁ AR	26 HOUR_
	REG. N	10.			
- Stra	-		40		

		REGISTRAR				CERTIF	ICATE OF DEA	IH	REG.	NO.		
		CEASED NAME	1bur	,"	AIDDLE V	Ke	Mun		20 DATE OF DEATH		TAY YEAR 7 82	26 HOUR - 9 42 am
	3. SE	X	14.	RACE	2.1	5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	
	Ма	ile		White	9	MONTH 2	15	1917		65 YRS.	MONTHS DAYS	HOURS MIN.
	7a. 81	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUNT	RY? 8	NEVER MAR	DIED []	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
0	No	orth Caro	lina	U.S.	.A.	WIDOWE		CED	Baltimo	ore Ci	ty	MD.
11	10. C	ITY OR TOWN OF DEA	TH I		OSPITAL, NU		R OTHER INSTITU	TION	SCHEWCM	Chine	West	ETHNESS OR
		altimore	1	Baltir	more C	City Ho	spital		Operato		Elec	tric
3	13a S	AL RESIDENCE (IF NURS. STATE Aryland	136 COUNT	imore	GIVE RESIDENCE BI 13t. CITY OR T Dunda	OWN	13d INSIDE CITY	LIMITS?	130. STREET ADDRES		n Road	則是我
30	14. FA	Frank		DDLE	Kellu	ım	15. MOTHER'S M. FIRS	ī	AE MIDDLE		Hami	lton
		WAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMANT		ADD	RESS 190	8 Ware	ham Rd.
2	{	YES NO OR UNKNOWN)	WW SINE V	II	216-1	0-0024	Evelyn	Y.				ID. 21222
	TION	Canditians, if ony, gave rise to imm cause (o), statin underlying cause	lediate Jost JOST	DUE TO, OR		COUENCE OF WASCAL		LENT THE TERMI				
2	CERTIFICATION	19a DATE OF OPERAT				TICH OPERATIO	N WAS PERFORM	8.0	YES NO	IN CERTIF		NGS USED S OF DEATH? NO [
9	CAL CE	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	216. TIME OF HOUR A.A P.A	M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART 1 OR PART 2)	
	MEDI	21d INJURY OCCURR	IE 🗆	21e. PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
		22a.1 certify that (1) sow the decease obove, (1) (we) (d	d olive an _	5/4	1	27/1	d that in (my) (au	r) opinian c	eoth accurred on the	date and hav		that (I) (we) lost couses stated
		22h SIGNIQURE		ICHARURE DE			PHY	NDING SICIAN	MEDICAL ST DIRECTOR PHYS	TAFF SICIAN	22c. DATE	SIGNED 4/82
		Lowres	My	Hopel			Dolf	inore	· City	Horpite	el	
		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23 / DATE 3/8/1			S Of Fa		23d LOGATION CITY OR TOWN Baltim		саинту Ма	ryland

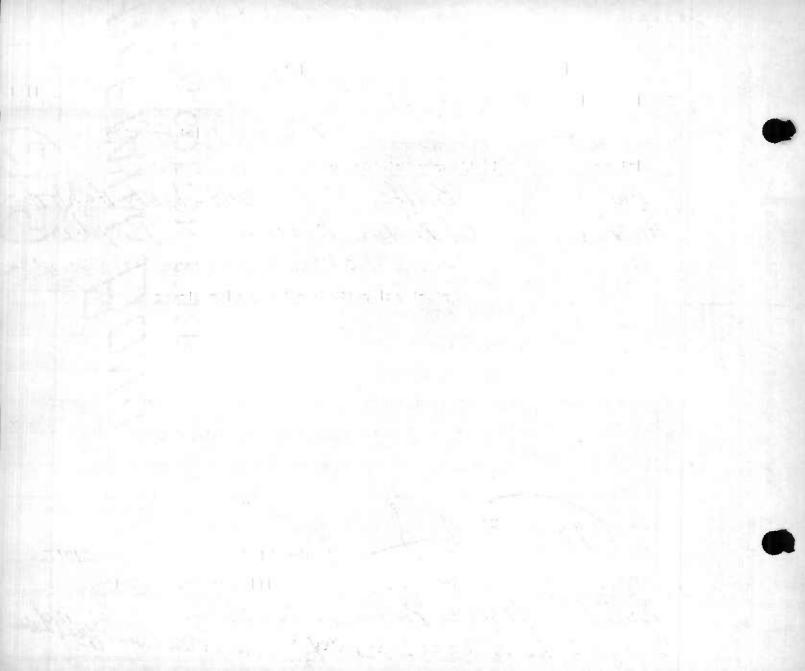
DHMH - 16 50M 1/B1 (VRA 15, 4)

74 FUNERAL DIRECTOR Duda-Ruck, Inc Robbess 7922 Wise Avenue Dundalk,

MD. 21222 MAR 8 1982 Chines January within

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	1-	FOR STATE				ALTH AND M		2.0	0 6	0 %	1
Y		REGISTRAR			EXAMINE	R'S CERTIFIC	CATE OF DE	KEU	, NO.		
		CEASED NAME	FIRST	MIDDLE		LAST		20. DATE KNOWN OF ESTI-	HTMOM C	DAY YEAR	2b HOUR
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× 3 39 20	Fe	male	Black	MONTH DAY YEAR		MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	3	9 19 82	11:19
3 \$ 19AA)		IRTHPLACE (STATE			VTRY? 8			9. BALTIMORE CIT			ам
以 Dec E R		REIGN COUNTRY)		110		MARRIED NE	VER MARRIED				
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S#X82V	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NO		R OTHER INSTITU		JSUAL OCCUPATION ORMOST OF WORKING LIFE)	(TYPE OF WORK	2b KIND OF BU OR INDUSTI	SINESS
Carried States	1	Baltimor	e	3914 Liber	tv Heiah	ts Avenue	9 1	TOME MA	NED	OK INDUSTI	(1
DON'S DE	USU			OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION			10114 11614			
21201 ANY DELA AND 3 TO RETAIN PA HOULD BE PECCARDS.	130. 3	TATEM	13b COUNTY	131.01	28 TOWN	13d. INSIDE C	/ _ ///	TREET ADDRESS	ala k	616	11.
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4	14.F	ATHER'S NAME		MIDDLE 1	Upst/	15. MOTH	ER'S MAIDEN NA	ME	5	Ast	
AND PERA	D/	1111 Sto	11/	CIA	COEN	E //1	1414 14		BRY	1120x)
N N N N N N N N N N N N N N N N N N N	16a.	WAS DECEASED E	VER IN U.S. ARM	ED FORCES? 166. SO	CIAL SECURITY N	O. 17. INFOR	MANT	ADDR	ESS		
F., BALTIMORE, M URS AFTER DEATH B. GIVE PAGES 1, WIM FORM NO.	,	ES, NO OF UNKNOWN	(IF YES, GIVE WA	AR OR DATES)	4 27 97	53 Mp	DEINO	amounts	3744	Farme	All
SS PERS		THE CAUSE OF F	SEATILIE	1907	7~4/	- OII /// A	MI WO LA	MILISTRAL	2217	APPROXIMATE	INTERVAL
ON ST., 24 HOUR ITEM 18. ICONG W PERMIT. GIENE, D		PART I DEAT	H WAS CAUSED I	one cause per line for (a), (b						BETWEEN ONSET	AND DEATH
ON STEEN	0	1111	IMMEDIATE	CAUSE (o) APT		rotic car	rdiovasc	ular diseas	se		
RESTON HIN 24 H I IN ITEM I ALON NSIT PER EMOVAL		1429	2	DUE TO, OR AS A CO	NSEQUENCE OF					4,50000	
REAL THE PROPERTY OF THE PROPE	1		If any, which to immediate	(b)							
SALEN WAS A STANDARD OF THE SALE OF THE SA			ating the under-	DUE TO, OR AS A CO	NSEQUENCE OF						
EXA EXA ON, ONE		lying cause	last.								
IDS, 201 W. PRESTON ST. XECUTED WITHIN 24 HOL 40°' IN PENCIL IN ITEM 18 40° AL EXAMINER ALONG BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL.		SAST 2 OTHER CICAD	FIGURE CONDITIONS CO	(c)							
AL RECORDS, 2011 VILLO BE EXECUTED VILLO BE EXECUTED VILLO BE EXECUTED VILLO BE BENEVEL FREALTH AND MEI AL, CREMATION, CALL COMMAND COMMAND VILLO BENEVEL VILLO BE	7	FARI 2 UTHER SIGNI	TICAMI COMUITIONS CO	NTRIBUTING TO DEATH BUT NOT REE	ALED TO THE TERMINAL	DISEASE OR CONDISIO	N GIVEN IN PART 1 161				
ECC WED ALT	CERTIFICATION										-9/
ULD WED ARED ALL, C	13	19a DATE OF O	PERATION	196. CONDITION FOR	WHICH OPERAT	ON WAS PERFOR	MED?			20 AUTOPSY?	
OF VITAL RE EWORD "PE EWORD "PE THE CHIEF W LD BE USED A WENT OF HEA	A E	No.								YES 🗆	NO CX
ENTER PER	7 8	21a. EXTERNAL		216 TIME OF INJURY	1-911551	21c. HOW INJURY	OCCURRED (ENT	ER NATURE OF INJURY IN ITE	A 18 PART 1 OR PART	2)	
A SHOPER		UNDERLYING	OR	HOUR A.M. MONTH	1						
DIVISION OF VITA AL EXAMINER: THIS CERTIFICATE SHOHHECREFILE(ATE) HOULD BE FORWARDED TO THE CHIL AL DIRECTOR: PAGE 3 SHOULD BE US ITH, WITH THE STATE DEPARTMENT OF ER. MARYLAND, 21201 PRIOR TO BURIL THE STATE DEPARTMENT OF THE STATE DEPART	MEDICAL	21d. INJURY OC	CURRED	21e PLACE OF INJUR	19 (AT HOME,	If. LOCATION					
FEBS SE	MA.			STREET, FACTORY, FARM,		STREET		CITY OR TOWN	COUN	ITY	STATE
ARR WR		AT WORK	AT WORK								
RE T		22a I certify t	ha took charge	of the remains described ab	ave held A	Autopsy .	Inspection X	, Inquiry .	ond in my opin		-
MA SEPTEMENT		/	11 1	AXV 1						11011	
WHITE BE		deoth resulted	front Natural	causes (201) Arcident	L, // Suicid	e . Homic	cide L. Und	determined manner			
××× See See ×××		ACTUAL	1000	. VI 4/25	1	,	PECIFY)		DATE		
★ H H H H H H H H H H H H H H H H H H H	-	SIGNATURE	1101	ay jun		M.Depu-	ty Chief	EDICAL EXAMINER	DATE	3/9/82	>
DICE TELL	7	EV AAA IN IEBYE NI	V	I A L	4	1.45					
MEDIC CCUTE SE 4 3 FUNE FUNE	M	(TYPE OR PRINT)	Tho	mas D. Smith	, M.D.	ADDRESS_	111	Penn St.	Balto	o., MD.	
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE A SHOULD E TO FUNERAL DIRECT AFTER DEATH, WITH	23a.1	URIAD CREMACIC	N, REMOVAL 236	DAJE / 123c.	NAME OF CEMET	ERY OR CREMATO	ORY - 236	TOCATION			7
		SPECIEN	2/	3/13/87	BALL	MARI	6 1	5219WH	COUNT	M	ATE
BP	74 5	UNERAL DIRECTO	DR A	7 104	111.1.1.	1-10/24	250 DATE REC'D	BY REGISTRAR 256. R	CHATRAP'S C	DATABLE I	WHAN
S10 DHMH-17	14.1	NAME	1/1/	ADDRESS	-//1/	. 11 1	A A A	0 1 7 1082	Cornes	Harry "	-
(VR A15 ME (5))	-	1058 AK	(- K	455 277	ZW.Ni	IEM HO	E MA	1/ 1 1 19AC			

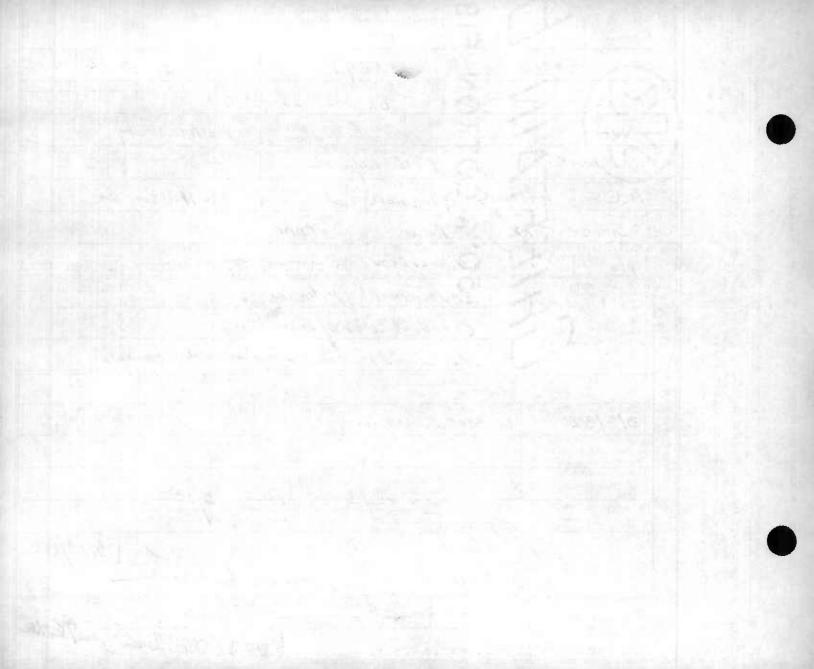


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR



THE SECOND REPORT OF THE PROPERTY OF THE PROPE 14 13 13 14 to except Let recognition in the contract to 19819 .189 Longitud - Land Longitud - Longit Dorald L. Fargo St. Pary d. Glimback Danger I. Clother Cr. 3819 31 02 000 Augustica accordant the factorial constant for the Interest Constdut Buck, Inc. Institute, engines to be the parties

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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6 3 3 2

	- STATE REGISTRAR			CERTIF	ICATE OF I	DEATH		REG. NO.			
	DECEASED NAME FIRST CATHER	TAIF	M.	KIE	L L			-11-82	OAY	YEAR	26 HOUR 8X3:18A
	SEX	4 RACE		S. DATE C	H DAY	YEAR		ARS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
	Female I. BIRTHPLACE (STATE OR FOREIGN	Whi	WHAT COUNTRY?	2	20	1904	78	RE CITY OR COUN		EATU	
1	COUNTRY!				D NEVER					PAIN	
	Maryland City or town of death	U.S	OSPITAL NURSIN	WIDOWE		VORCED [more Cit			M
1	Baltimore /	Church	Hospita.	ADDRESS)			TTYPE OF WORK	OCCUPATION FOR MOST OF WORKING SEWIFE		L KIND (DUSTRY	OF BUSINESS OI
1	SUAL RESIDENCE (IF NURSING JONE OF 123) COUR Maryland Bal	timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Edgemere	N	13d INSIDE C	ITY LIMITS?	13e. STREET A	DDRESS Geise A	venue	2	
14	FATHER'S NAME	MIDDLE .	LAST		- Selli	S MAIDEN NA	WE	WIOOFE		LA!	
1	Dave		Ketchur			ary		E.			ehafer
110	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRESS 73	33 G€	eise	Avenue
L	No		216-14-3	3078	Abner	D. Kie	el	Ba	lto.	MD	21219
	Canditions, if any, which gove rise to immediate couse 101, stating the underlying cause last.	DUE TO, OI	CARDIA R AS A CONSEQUE SEPSIS R AS A CONSEQUE ACUTE	NCE OF	REST FAILU	RE					KIMATÉ INTÉRVAL ONSÉT AND DEATH
1	PART 2 OTHER SIGNIFICANT (CONDITIONS CO					INAL DISEASE	OR CONDITION (GIVEN IN	PART I	a,
The state of the s	2 190 DATE OF OPERATION 2-29-82 210, ACCIDENT WAS UNDERLYING		TION FOR WHICH RATORY LA		ГОМҮ		1	NO NO IN CER	YES [CAUSES	NGS USED S OF DEATH?
	OD COMPONENT COMPONENT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM	18 PARTIOR	PART 2)	
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	22a I certify that (I) (this hospi saw the deceased alive an above, (I) (me) (od) (did no	3-11		2-22 82 ar	ed that in (my)	, 19 <u>82</u> (our) opinion	, to	3-11 on the date and b		ram the	that (I) (we) los
	22b. SIGNA) GRE	B	1/01/		DEGREE	TTENDING	AAEDIC AI	CTASE)			SIGNED

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DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for with the State Dept. or IMPORTANT: If them 2

230 BURIAL, CREMATION, REMOVAL 23b. D. (SPECIFY)

ATE 231 NA

23c NAME OF CEMETERY OR CREMATOR

23d LOCATION
CITYOR TOWN
Fairfield

COUNTY

PA

Rurial 3/15/82 St
24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS
7922 Wise Avenue, Dundalk, MD

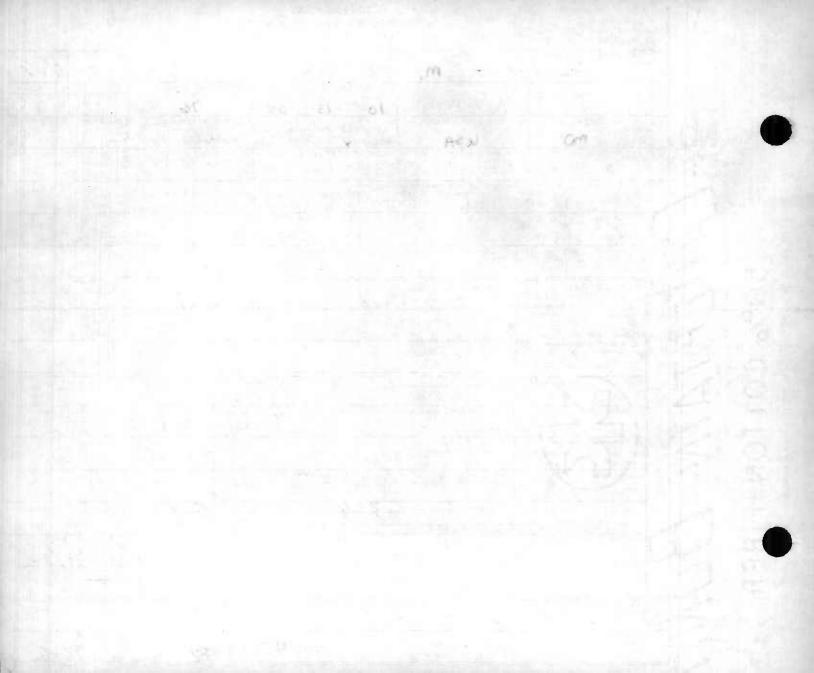
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St. Jacobs Cemetery Fairfield

250. DATE REC'D. BY REGISTRAR 250

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in 24 hours y filled in by should be file	73a. S	AL RESIDENCE (IF NURSING HOME OR TATE)	OTHER INSTITUTION	13 CITY OR TOW Baltin	/N	134 INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS	hburton St	
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be execut an ond co	16a V	VAS DECEASED EVER IN U.S. AR. ES NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECT		Florence Jo	ones 1825	E. 29th S	
death certificate attending physic ove carbon poper trans, or removal oumatic event, the		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (0)	r line for (a), (b), ar	24	holler	HAMEST	BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
201 W. PRES that the de ted by the at please remov unal, cremater , or other train		gove rise to immediate couse 101, stating the underlying couse last	(c)	ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1	lia)
e law requir n. nos been sigi permit Then ne perrot to b ws any injury	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
VITAI		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.	DF INJURY .M. MONTH D	AY YEAR	21¢. HOW INJURY OCCURR	YES NO	YES	NO [
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ATTENDII sspitol or CCTOR A d for use t. of Health m 21 is mo		220.1 certify that (1) (this hospi sow the deceased alive on above. (1) (we) (did) (did no		19		nd that in (my) (our) opinion (deoth occurred on the d		
SPITAL OR Jaby the ho VERAL DIRE be detoche e State Depp		276. SIGNATURE	A. (lling	M	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF - / -	18/82
TO HOSPITAL TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE O	18/11	SUN M	P.	220 ADDRESS 400	Liberty	Hits	
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he fi	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		THER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
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Reino 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR (aucasida 19 To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Raltimore grie, pa 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Baltimore City Hospitals foreman JOUAL RESIDENCE (IF NUR E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 6909 Fait Avenue Maryland naltimore NO E 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edward plippi unknown ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IVES NO OR HINKNOWN (IF YES, GIVE WAR OR DATES) 215 12 5560 15 Court plesant yes rordis pecora CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardio vulmentary IMMEDIATE CAUSE (a). Conditions, if any, which MIDENKA emia gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF cause schemis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? Wiscase 6/15 evipheral 710. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR LOWN NOT WHILE AT WORK 19 82 220 I certify that (1) (this haspital) attended the deceased fram_ 211416 2/10 saw the deceased alive on 311462 abave. (1) (we) (did) (did nat) view the body after death and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN should be de with the Stat IMPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Davis, M.D. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 3/20/82

- STATE

LIVPE OR PRINTS

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Green Mount

1005 nundalk Avenue

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Baltimore

REG. NO

26 HOUR

41:00

12b. KIND OF BUSINESS OR

chevron co

21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

LAST

2 Velue

48 lus

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

93

22c DATE SIGNED

STATE

UNDER 24 HRS

8

INDUSTRY

16

20 DATE OF DEATH

24 FUNERAL DIRECTOR

walter Dabrowski

DHMH - 16 50M 1/B1 (VRA 15, 4)

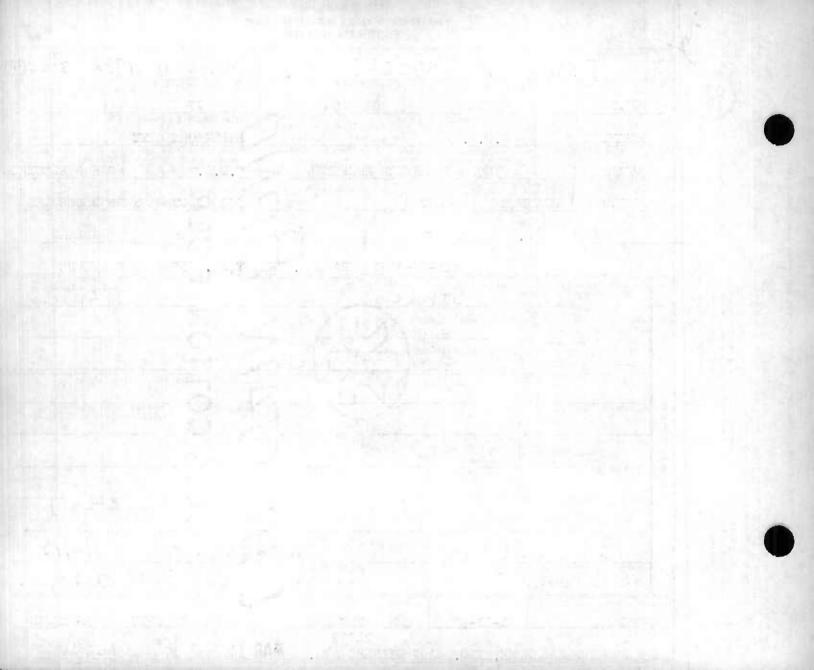
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 26 DATE OF DEATH 2b. HOUR TYPE OR PRINT MAYC 3:058 FRANK KNECHT ANTHONY SR. 4. RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR I. SEX IF UNDER 24 HRS MONTH YEAR MALE WHITE 04 04 04 77 10 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH / STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED COUNTRY MARYLAND U.S.A. BALTIMORE CITY DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY C.P.A. BALT IMORE GOOD SAMARITAN HOSPITAL GAS & ELECTRIC JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 1136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALT IMORE ARBUTUS 5616 SOUTHWESTERN BOULEVARD MARYLAND NO 5 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST KNECHT MARY FRANCIS F. ALLARD ELLEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN 212-05-6567 FRANK A. KNECHT, JR. 5505 LINK AVENUE NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 5 weeks IMMEDIATE CAUSE (o ension if ony, which gove rise to immediate couse (o), stoting the Atherosclerosis underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK 220.1 certify that (1) this hospital) attended the deceased from sow the deceased alive on Man and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death 22h. SIGNATURE DEGREE 22c. DAJE SIGNED DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRE the the 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY) 03-13-82 NEW CATHEDRAL BALTIMORE CITY BURIAL 24 FUNERAL DIRECTOR 21229 DHMH-16 30M 2/80 ADDRESS (VRA 15, 4)

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

STATE OF MARYLAND



b	1	FOR - STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 2.	0 6	5 3 9
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
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Com	3 SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
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deoth. Po	7a. 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED	O BALTIMORE CITY C	R COUNTY OF DEATH	Н
	GERMANY 10 CITY OR TOWN OF DEATH BALTO.		U.S.A.	WIDOW		BALTIMO	RE CTTY	MD
i i			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		THE OF WORK FOR MOST OF WORKING LIFE) MEAT CUTTER 126. KIND OF BUSINESS OR INDUSTRY MEAT. CO.			
5 S			THE JOHNS HOPKINS HOSPITAL					
MARYLAND 21 ed within 24 hou ond 2 shirtle	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT ATHER'S NAME FIRST COTTHE	NTY 13c. CITY	ALTO.	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 439 N AME MIDDLE	MONTFO	RD AVE.
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AL RECO	220	19a. DATE OF OPERATION	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirectoined by the Rospital or attending physician. TO FUNERAL DIRECTOR After this certificial has been should be desired for a grafter this certificial has been should be desired at John Proposition of the proof of t		PATRICIA	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY (Ital) ottended the decease. The place of the street of the	d from Fed		CITY OR TO	WN COUNTY te ond hour and from 22c. D.	state
060)BP	L	BURIAL, CREMATION, REMOVAL (SPECIFY SURIAL UNERAL DIRECTOR	3-11-82	ORK LI		23d LOCATION CHYOR TOWN TE BECOM BY BECOME THAN		STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	10	-10 Pr. 00.	- 2334)6	DORES		TE REC'D. BY REGISTRAR	ZSB. REGISTRAR'S SIGN	Marthe

THE RESIDENCE OF THE PARTY OF T Change AST NI SAN THE CONTRACT OF SELECTION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR IDA KOLAKOWSKI 3-20-1982 8:50 P 4. RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 7-23-1905 YEAR Female 76 yrs. YRS Caucasian BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Warsaw, Poland Baltimore City USA WIDOWED 127 DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR John Deaton Med. Center Housewife Balto. INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION Md. 7906 Lan sdale Rd. 21224 13d INSIDE CITY LIMITS? 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Zwolinski Rosalie "Th known 17 INFORMANT 171 Topeg DIRESS Severna Pk. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. D. Michael E. Kolakowski 21146 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CMROTAC ARRESS IMMEDIATE CAUSE (D)_ DUE TO OR AS A CONSEQUENCE OF MULTIFORME OLIOBLASTOMA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21e PLACE OF INJURY 21f. LOCATION COUNTY STREET CITY OF TOWN STATE AT HOME STREET, FACTORY OFFICE, FARM ETC I NOT WHILE 220.1 certify that this hospital attended the deceased from sow the deceased olive on march 2 0 19 in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on march 1 or above (1) (we) (did) (did no) view the body after death.

ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN F

DEGREE

23C NAME OF CEMETERY OR CREMATORY

22c. DATE SIGNED

Dr. Damian Birchess

22e ADDRESS 3400 Brehms Lane

230 BURIAL, CREMATION, REMOVAL 23b DATE 3-23-82 Burial

Baltimore Nat. Cem.

Balto.

HMH - 16 50M 1/B1

(VRA 15, 4)

24 FUNERAL DISCORIMUNEK Funeral Home, Inc. 3331 Brehms Lane

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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TYPE OR PRINTS

3 SEX

CERTIFICATION

MEDICAL

(SPECIFY)

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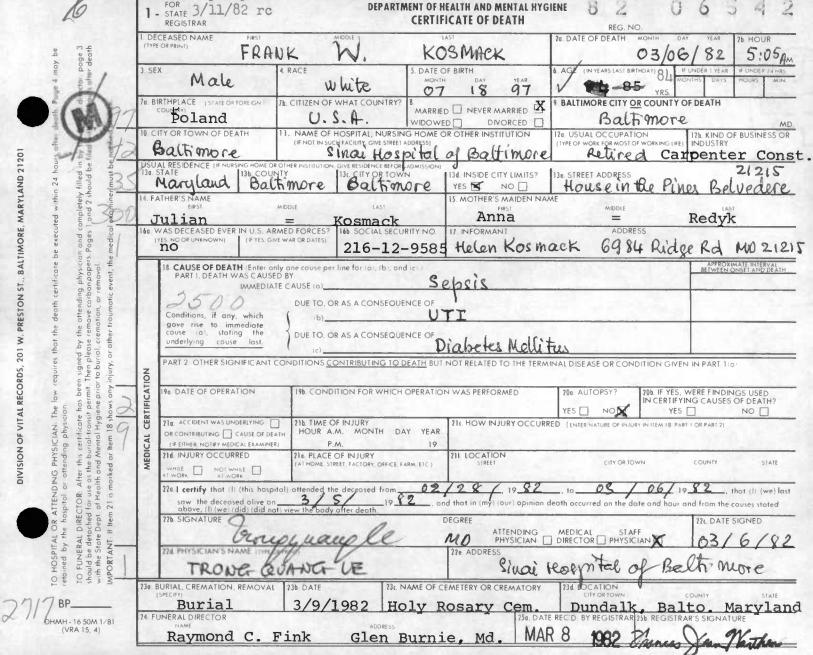
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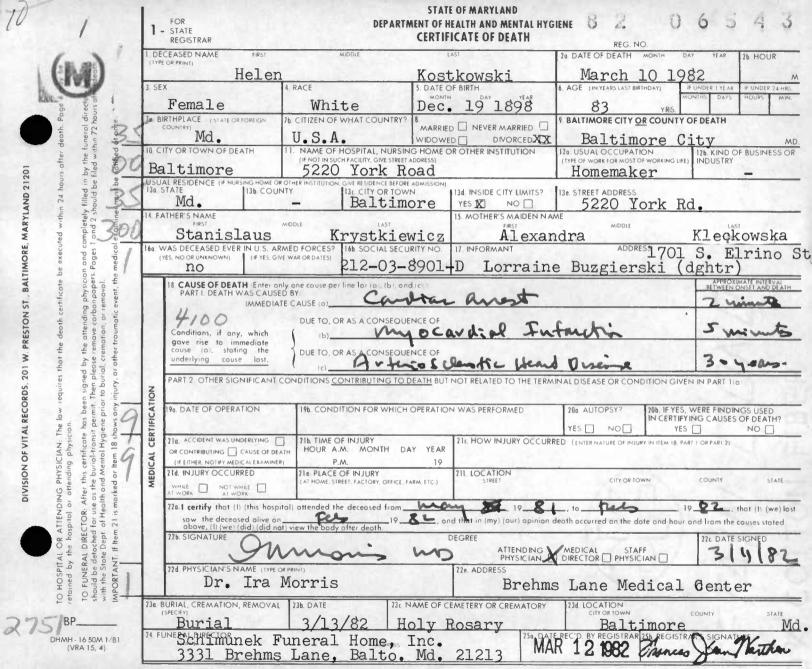
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST MIDDLE 2a. DATE OF DEATH 26 HOUR m. MARIE KOLISH 03/20/82 4 RACE 5. DATE OF BIRTH IF UNDER TYEAR YEAR DAYS 927 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPTTAT Toine ma USUAL RESIDENCE LIF NURSING COUNTY 13c. OTY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Aru ndol 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDR#55 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO PRUNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY AS A CONSEQUENCE OF WARIAN Canditians, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF last. underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 19_ _____, that (1) (we) last .19 £ 2, and that in (my) (our) opinian death accurred an the date and hour and from the causes stated MAV 20 sow the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death. 22h SIGNALVIRE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN _ DIRECTOR PHYSICIAN 27e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Meadewhidee Mew. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRARI256 REGISTRARIA GIGNATURE

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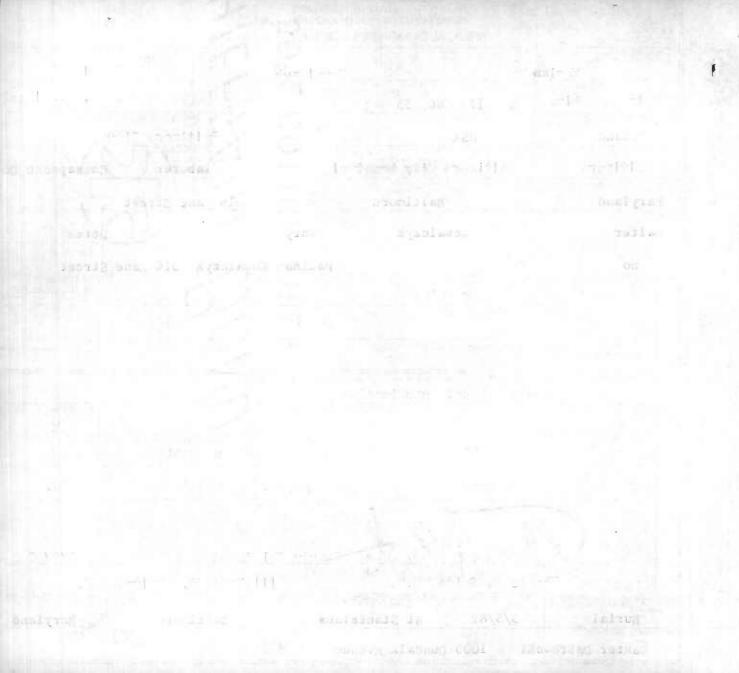
Item #6 per phone call w/Fun. Home STATE OF MARYLAND

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2605 _{DHMH-17} (VRA15 ME (5))	. 24.	FUNERAL DIRECTOR NAME Wakter Dabroy	rski 100	5 Dundalk Aver		REC'D. BY REGISTRAR	25 Pedistrat	



7		FOR - STATE REGISTRAR	STATE OF A DEPARTMENT OF HEALTI CERTIFICAT		ENE 8 2	0 6	5 4 5
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		MALE	W SALE OF BIRT	DAY YEAR	6 C	MONTHS DAYS	HOURS MIN.
3	5	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U S 10 WIDOWED	NEVER MARRIED B	BALT .	COUNTY OF DEATH	MD
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SPITAL OR by the house VERAL DIRE be detache State Dep		Signature &	Sol, DEGRE	ATTENDING PHYSICIAN	MEDICAL STAFF	2100	E SIGNED
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Ho1t Thomas Krauss 1082 DEATH MATED 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. SEX IF LINDER 24 HRS 2c. DATE 24 HOY 18 AST BIRTHDAY PRONOUNCED Male White 377/19/382 48 82 DEAD L CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Washington D.C. U.S.A. Baltimore City DIVORCED IL CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION St. Agnes Hospital Baltimore Surp. Field Op. Allied USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13K COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13r. CITY OR TOWN NO 1x 4426 Apt E Alan Drive Baltimore Marvland Arbutus 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Jessie Nafev Frank Krauss 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS 21229 DIVISION (YES, NO, OR UNKNOWN)
YES 579-48-6904 Sandra Ella Krauss 4426 Apt E Alen Drive Korea 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? ZD AUTOPSY? YESXI 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 211 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (ATHOME 21L LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFFER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 ohove, held an Autapsy death resulted from TITLE (SPECIFY) Dept. ChiefMEDICAL EXAMINER 3/19/82 Thomas D. Smith, M.D. 111 Penn St., Balto., Md. EXAMINER'S NAME 21201 (TYPE OR PRINT) ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 13d. LOCATION Baltimore MaryTand 3/22/82 Loudon Park Crematory Cremation 24 FUNERAL DIRECTOR 21229 250. DATE REC'D. BY REGISTRAR 25b. REGISTRA A IL NA 10 **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))

15M 2/80

data per an indica a problem

1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 0	6 5 4 8
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· 野 秋5	CONNECTICUT	USA	MARRIED NEVER MARRIED WIDOWALK XX DIVORCED	BALTIMORE CIT	Y
0 4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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TO HOSP	MARL A			LIE JOHNS HOPKIN	S BATIMORE
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DHMH - 16.50M 1/B1 (VRA 15, 4)	24 FUNERAL DIRECTOR SOL L	EVINSON & BROS., WN RD. BALTO., N	INC.	E REC'D. BY REGISTRAR 251 REGISTRA	

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REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH 1445 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CHURCH HOSPITAL CORPORATION 100 N. BROADWAY, BALTIMORE, MD 21231 DHMH - 16 50M 1/B1 (VRA 15, 4)

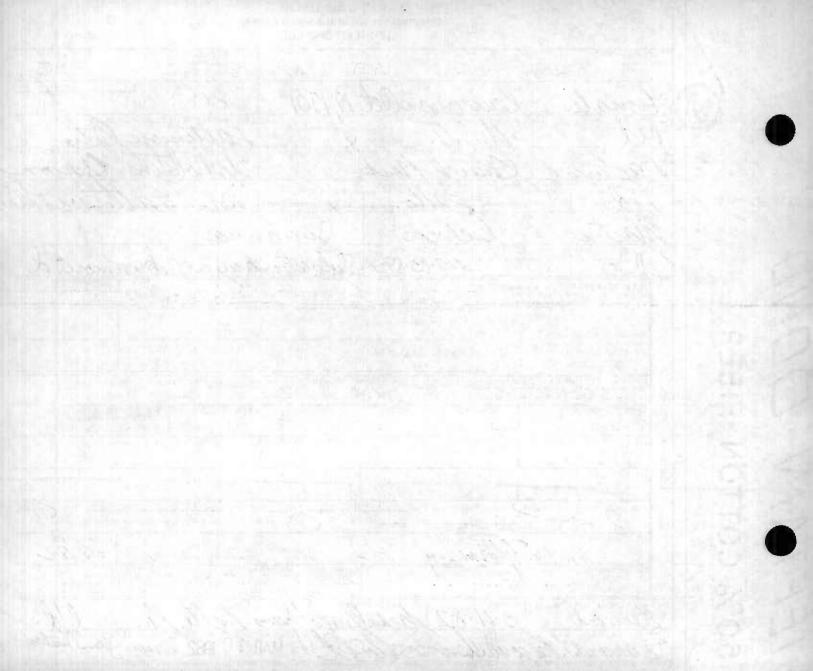
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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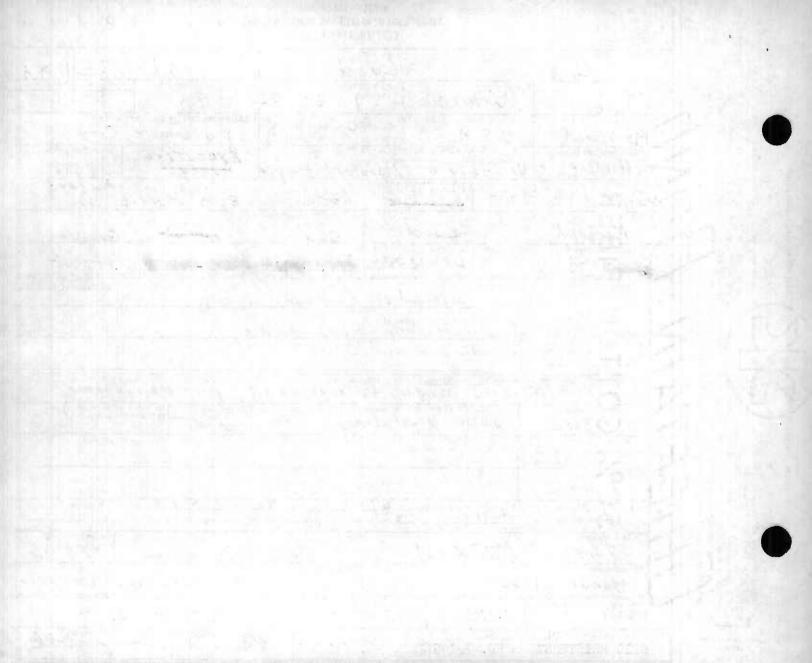
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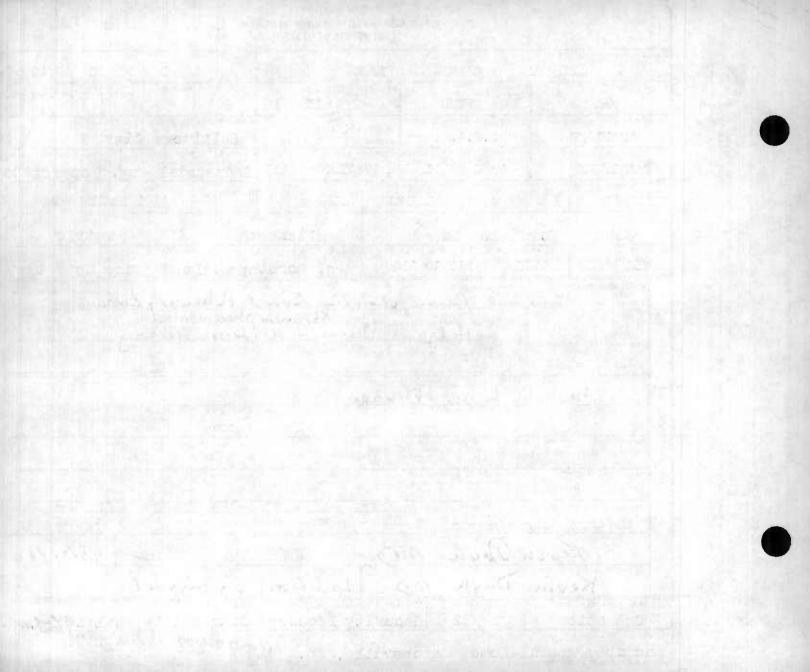
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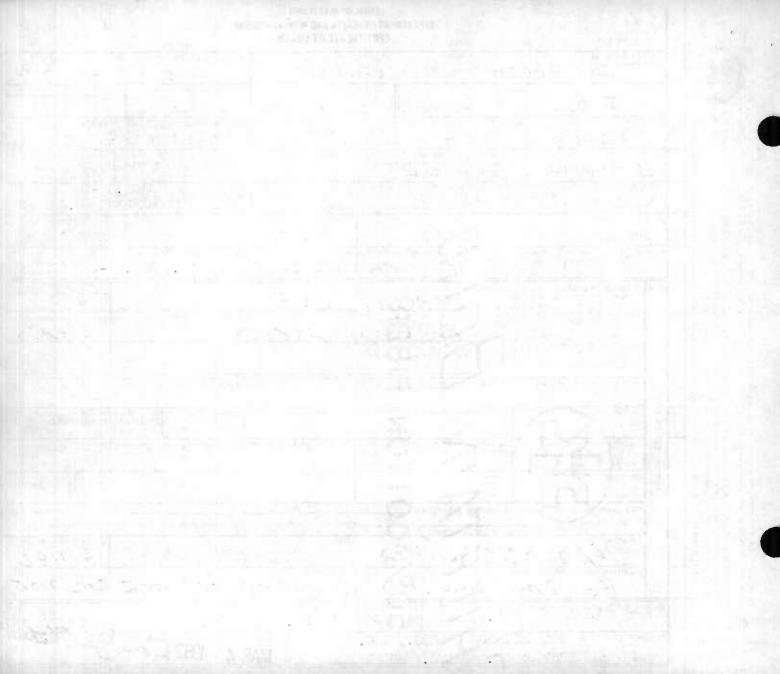
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dis		Male	White	10	L 98	83		DAYS HOURS MIN.
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13		altimore	(IF NOT IN SUCH FACILITY, GIVE STREE South Baltin	ET ADDRESS)		Ret. Stree	F WORKING PEDI THE	ISTRIC : + 11
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	14 FA	THER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN			
CX		Emil 1	Lang	20.00	Mary	WIDDLE		LAST
1		VAS DECEASED EVER IN U.S. A		CURITY NO. 17	INFORMANT	ADDRE	SS	
	ye	(IF YES, G	1VE WAR OR DATES) 218-36-6	6699 M	r. Richard	d C. Lang 35	Severndale	e Rd. 2114
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE (b)	UENCE OF	emo	men h	Men	
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-		CEASED NAME FIRST		DDIE	t	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
STA .		ROBER		LVIN	LAN	G		3 20	82	10:40 R
M.	3 SE	MALE	4 RACE WH	ITE	5. DATE C	3 DAY 13 YEAR 16	6. AGE (IN YEARS LAST BIT	THDAY) IF U	THS DAYS	IF UNDER 24 HRS
frede.		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF W		8 MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore city of Baltimo	R COUNTY OF		MD.
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hould be	MA	AL RESIDENCE (IF NURSING HOME OF TATE RYLAND	R OTHER INSTITUTION, G NTY	BALTI	ORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	4201 RG	KE B Y	ROAD
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nos ocen signed by the attend remair. Then please remave co ene prior to burral, cremation, o ows ony injury, or other traumon	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ACOLU 190 DATE OF OPERATION	DUE TO, OR. (c) CONDITIONS CON (ic) CONDITIONS CON	re D	ENCE OF DEATH BUT	NOT RELATED TO THE TERM		lerosus	ERE FINDI	NGS USED
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ked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
ate Dept. of Heolin T: If Item 21 is mo		22a.1 certify that (Mithis hasp	MARCH MARCH view the body of	deceased fram_1 20 19_fter death.	82_, on	d that in XXX (aur) apinion of DEGREE ATTENDING	death accurred an the d	ate and hour on	d fram the	
with the Sta		22d. PHYSICIAN'S NAME (TYPE		le mi		Loch Reven	VA Hosp	; 0		
2	23a B	urial, cremation, removal Cremation	3/24/8			ty Process	23d LOCATION CITY OR TOWN	110 5	oute TAX	al Tres
0M 1/81	24 FL	INERAL DIRECTOR	1)/44/(JE DE	curt	25g DAT	Catonsvi	MAN DISTRAR	alti	THE PERSON
5, 4)	Ma	ac Nabb Funera	al Home	Cator	nsvil	le. Md. M	AR 23 1982	CHENCES	0	e-m



		h	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		0 6	5 5
	Barre V	1. D	ECEASED NAME FIRST	MIDDLE		AST	REG. No.	O. MONTH DAY YEAR	22 110115
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	e de la	3. S	EMALE	4 RACE CAUC	CASIAN 5. DATE O		6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
	oth. Pog	7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	ter dea	. 1	IRELAND		AL, NURSING HOME (IV, GIVE STREET ADDRESS)	DIVORCED DIVORCED DR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. KIND	OF BUSINESS OR
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LAND	y filled should be	7 1	MARYLAND	A HO BA	ALT IMORE	13d INSIDE CITY LIMITS?		OOK PARK DE	21215
MARY	mpletel	0	FATHER'S NAME EDMUND	MIDDLE	NNÂN	15 MOTHER'S MAIDEN NAME ELIZABETH	ME MIDDLE	HARDI	NG
MORE,	ond co	2 160	WAS DECEASED EVER IN U.S. AI	MED FORCES? 166 SC	3-09-4980	17. INFORMANT BE 6932 MILBROO	NARD LAMEN KPARK DR	SS	#21215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	the death certificate b the attending physiciar remove corbanpopers, emotion, or removal.		Conditions, if any, which gove rise to immediate cause (a), stating the	nly one couse per line for ED BY TE CAUSE (a) DUE TO, OR AS A		CVA ASCVI			EARS
AL RECORDS, 201 W	The law requires that the icion. te has been signed by the sist permit. Then please rer giene print to burial, crem shows ony injury, or ather	CERTIFICATION	PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIB			200 AUTOPSY?	ZOB. IF YES, WERE FING IN CERTIFYING CAUSI	DINGS USED
OF VIT	3 PHYSICIAN: The ittending physicia pr this certificate the buriol-tronsit and Mental Hygic ced or term 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. M		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TB, PART 1 OR PART 2	
IVISION	the the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	n county	STATE
	OR ATTEN e haspital DIRECTOR. ched for us Dept. af He		22a. I certify that (I) (this hosp saw the deceased alive or above. (I) (we) (did) (did no 22b. SIGNATURE	of view the body after de	19, ai	. 19d that in (my) (aur) apinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	ite and haur and from th	that (1) (we) last ne couses stated E SIGNED
	TO HOSPITAL retained by the TO FUNERAL Ishould be detoo with the State I IMPORTANT. If		17	w-Win		LEVINDAY	B GERIA		
0000	BP		BURIAL, CREMATION REMOVAL	MAR.2,1982	2 HAYM SOL	EMETERY OR CREMATORY OMON MEM. PAR			NNSY LVANIA
	DHMH - 16 50M 1/76 (VR A 15 (4))		FUNERALDIRECTOR SOL I	EVINSON & F			REC'D, BY REGISTRAR R 1982	PANCES IN	Harther



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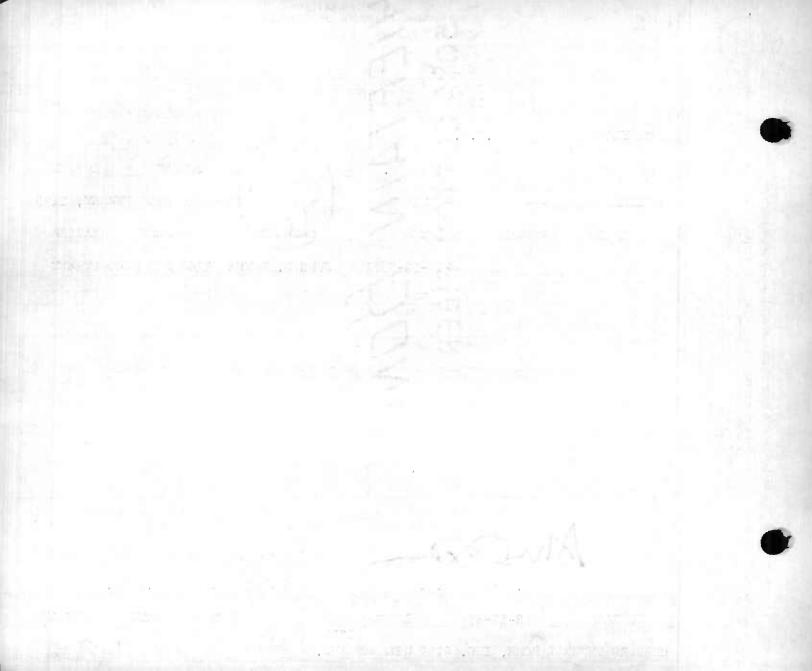
MARYLAND 21201

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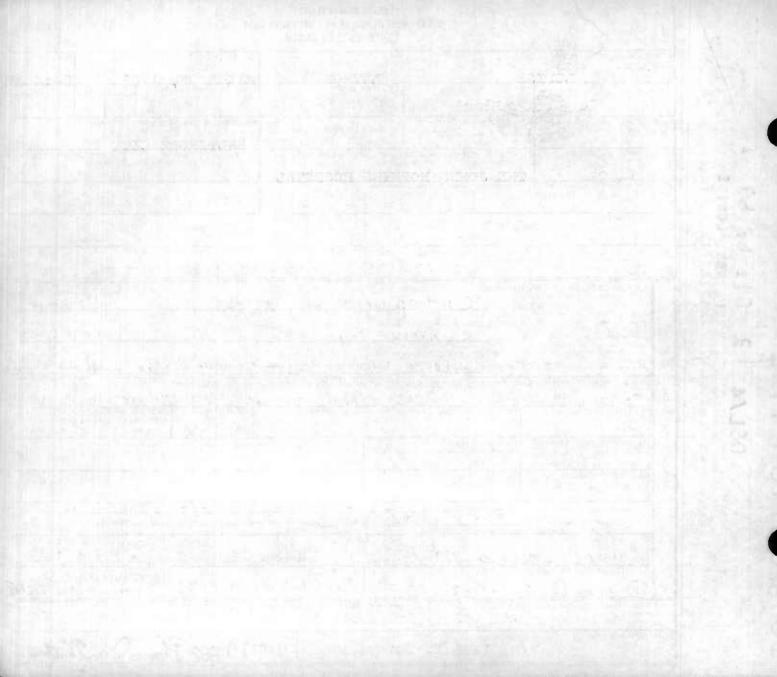
to The State of the A JULIATION SECTION READS STATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-EMMETT 3 EVERETT LATHE SR DEATH MATED K 10 82 10 3 SEX 4 RACE ORM PM 3. RETAIN PAGE 5 FOR YOUR FILED, WITHIN THE NOT YOUR FILED, WITHIN THE NOT YITHIN THE YITHIN THE NOT YITHIN THE YITHI DATE OF BIRTH AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAYL PRONOLINCED 29 DEAD 27 54 19 82 white 06 male YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. MARYLAND DIVORCED WIDOWED Baltimore City 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore 2140 Wicomico St. METAL POURER KOPPERS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE NO [2140 WICOMICO STREET, 21230 MARYLAND 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST CATHERINE KAISER FRANKLIN LATHE MAYNARD FRANCES GIVE PAGE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION IYES. NO, OR UNKNOWN) 220-22-8551 2140 WICOMICO STREET JUNE D. LATHE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH E CHIEF MEDICAL EXAMINER ALONG W BE USED AS A BURAL - TRANSIT FERMIT. NT OF HEATTH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT **TO FUNERAL DIRECTOR:** PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant 3-11-82 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon. M.D 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK BALTIMORE CITY MARYLAND BURIAL 03-15-82 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 **DHMH-17** ADDRESS (VR A15 ME (5) 4107 WILKENS AVE HUBBARD FUNERAL HOME. INC. 15M 2/80



	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIE		0	6 5	5 9
	(TYPE	CEASED NAME FIRST		MIDDLE	i.	AST	20	REG. NO.	ONTH DA	AY YEAR	26 HOUR
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2	,	AV	U	JSA	WIDOWE	DI DIVORCED		BALTIMORI	E CTT	rv	MD.
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPATION	V	126. KIND O	F BUSINESS OR
5		altimore	THE J	OHNS HO	PKINS	HOSPITAL					
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		MD		Baltimo		YES X NO		1117 Luz	erne	Aven	ue
-	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		IAS	
U		James	MIDDEC	Lathor	,	Lill	ian			Norma	
		AS DECEASED EVER IN U.S. A		166 SOCIAL SECL		17. INFORMANT	1011	ADDRESS	5	NOLIIIA	
	{}	NO IF YES, C	GIVE WAR OR DATES]	218-07-	-8993	Eleanor	Vin	cent 1117	Luz	erne	Ave.
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つ	CERTIFICATION	APNEA, PACI	emaker	, conqu	estive	heart ful N WAS PERFORMED	1 Cun		20b. IF YES,	e , clor WERE FINDIN ING CAUSES	Menha NGS USED OF DEATH?
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH D		21¢ HOW INJURY OC	CURRED	YES NOW	YES		NO 🗌
	MEDICAL	TIF EITHER NOTIFY MEDICAL EXAMINATED INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		ARM, ETC }	211 LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
		22a.1 certify that (1) (this has saw the deceased alive a abave (1) (we (did))(did)	- /				82 Inion dec	ta 3/8	and hour o		that (I) (we) last couses stated
		226 SIGNATURE DIANE C. 7	Joung	, m. E).	DEGREE ATTENDIN PHYSICIA 1220 ADDRESS	NG D	MEDICAL STAFF DIRECTOR PHYSICIA	Ink	/ 6	SIGNED 3/82
		Diane C.	Your			Johns Hop			600 Balt	N. Wol	Md. 2/205
感		Burial Burial	3/12/			more Cem.		Baltimo	re	COUNTY	MD⁺€
		m. C. March	F/H 1	101 E. I	North		DATE R	1.0 1982 2	REGISTR	AR'S SIGNAT	Warthen

DHMH - 16 50M 1/B1 (VRA 15, 4)



	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	8	REG. NO.	0
en	LATHROUM	20 DA		1ARCH	3,1
	5. DATE OF BIRTH	6. AGE	67	ARS LAST BIRTHDAY)	MON

1 - STATE REGISTRAR DECEASED NAME 26 HOUR LIVPE OR PRINT ARG-ARET 1 SEX OER I YEAR Female White To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto. CIT Baltimore. WIDOWED KOK DIVORCED OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR YOU WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Seamstress USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS laruland Baltimore 404 Kane Street 21224 YES XX. NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE Anna 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NOIOR UNKNOWN) HE YES, GIVE WAR OR DATES! Baimbach 76 Nicholson Dr. Pasadena APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STATE NOT WHILE au 97 22a I certify that (1) (this hospital) attended the deceased from 3000102 and that in (my) (201) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_

obove, (1) (we) (did) (did not) view the body ofter depth 226 SIGNATURE

ATTENDING

/MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL CREMATION, REMOVAL

FOR

23b. DATE

22e ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22c DATE SIGNED

(SPECIFY) Burial

24 FUNERAL DIRECTOR

Oak Lawn

emeter

DHMH - 16 50M 1/B1 (VRA 15, 4)

S. Zeiler & Son Inc. 6224 Fastern Avenue

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Carmela Laterre

1	- STATE REGISTRAR		CE	RTIFICA	TE OF DEATH	REG. N		5-5	
1. DE	F OP PRINTS		MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
	CARMELA	1	L	ATORR		L. B. Can	3	19 82	12:35PM
3 SE	X	4 RACE	5. C				THDAY)	IF UNDER TYEAR	
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		76 CITIZEN OF	WHAT COUNTRY? 8	ADDIED [9. BALTIMORE CITY		Y OF DEATH	
		U.S	Λ	7.		BALTIMOR	RE CIT	TY	MD
10 C		11. NAME OF I	HOSPITAL, NURSING HO	OME OR OT	HER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING L	12b. KIND C	
105.00					ľAL	Housewif	Э	Home	e
Pe	ennsylvania 1	7109				3300 Un	ion I	Deposi	t Road
14 F		WIDDLE	Magnelli	15. /		WE		Nacar	ato
160	WAS DECEASED EVER IN U.S. AF			NO. 17 I		ADDR	ESS	naoar	200
(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	194-28-98	81 dTr	eresa Lat	torre Hari	risbu	arg, P	A 17109
	18 CAUSE OF DEATH Enter of	nly one couse per							
			Cardio-pu	Imana	ry Arrest		500		
	0389	DUE TO, O	R AS A CONSEQUENCE	OF					
	Conditions, if any, which	((b)	Acute R	enal	Failure			2 h	eeks
	couse to, stoting the	DUE TO, OI	R AS A CONSEQUENCE	OF					
	underlying cause lost	(c)	Septicem	iq				2 w	aeks
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEAT	h but not	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	0,
ē.	Diahetes								
TIFICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	RATION WA	ASPERFORMED		IN CERTI	FYING CAUSES	OF DEATH?
1 8	210. ACCIDENT WAS UNDERLYING			21c.	HOW INJURY OCCURR				,,,,
		AID		YEAR					
l ä	21d INJURY OCCURRED	21e PLACE	OF INJURY	211.					
E	WHILE NOT WHILE AT WORK	I (AT HOME, STR	EET, FACTORY, OFFICE, FARM E	10)	STREET	CITY OR FC	WN	COUNTY	STATE
		7/	10		, 17		,	19_6	the (we) lost
DEECASED NAME ITER CARRELA LATORRE J SEX Female White April 30, 1916 Female White April 40, 1916 Female Fem		couses stoted							
	JZL SIGNATURE			DEGR			100	22c. DATE	SIGNED
	Den U	Ma	line					3,	119/02
	224 PHYS CIAN'S NAME (TYPE O			22e	ADDRESS				-111
	LATORRE CARNELA LATORRE LATORRE S. DATE OF BRITH APT I 30, 1916 65 Female White White APT I 30, 1916 65 Female White APT I 30, 1916 Female White White APT I 30, 1916 Female AP								
23a	BURIAL, CREMATION, REMOVAL		23c NAME	OF CEMET	ERY OR CREMATORY	23d LOCATION		40000	/1-1/
	Burial	Mar.2	3, 82 Ress	surec	tion Ceme	etery Hari	risbu	rg. P	A STATE
24 FI	UNERAL DIRECTOR				25a DATE				Then
Wi	lliam E. Joh	nson 8	521 Loch 1	Raver	Blvd MAR 2	22 1982 CA	ness]	Jan m	

DHMH-16 50M 1/BT (VRA 15, 4)

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	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 🕉 🚣	06562
, be	1. DE	CEASED NAME FIRST Cletus	S E.	Lawh		20 DATE OF DEATH	3/22/82 10:15 P
9e 4	3 SE	MALL	4 RACE WHITE	S DATE OF	/ DAY / YEAR	6 AGE (IN YEARS LAST BIRT	HDAY IF UNDER TYEAR IF UNDER 74 HRS. MONTHS DAYS HOURS MIN. YRS.
de d		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS	RY? 8. MARRIED WIDOWED	DIVORCED D	9. BALTIMORE CITY OF Baltimo	R COUNTY OF DEATH
o de la companya de l		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME OF REET ADDRESS! F MONY	and Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OF
n 24 hour	Tie.	Maryland Anne		FORE ADMISSION; OWN MOVE	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	an Ct.
ecuted within a completely sell on 2 on 2)	ATHER'S NAME FIRST, Willie	W. Lawhor	n	Peretrenia	ANIDDIE	Hinkle
be execution and control of the record of th		VAS DECEASED EVER IN U.S. AR YES, NO OP UNKNOWN) (IF YES, GIV YES		5-0359	Maybelle J.	Lawhorn (sa	
equires that the death certificate in signed by the attending physica. Then please remove corbon paper to burial, cremotion, ar removal. injury, or ather traumotic event, the		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	All one couse per line for (a), (b), DBY: DE CAUSE (a), COP ON OF (b), COP ON OF (c) DUE TO, OR AS A CONSECT (c) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO	DUENCE OF AV LEI		gery NAL DISEASE OR COND	DITION GIVEN IN PART 1(0)
n. nos bee permit. ws ony	CERTIFICATION	19a DATE OF OPERATION 3/16/82	- /		discose	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\text{NO}} \)
PHYSICIAI this certifi he buriol-tr and Mental d or Item 1	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 CE FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJUR	
ATTENDIN Spital or STOR: Aff for use or of Health	1000	sow the deceased alive an	tol) attended the deceased from 2 7 7 15 view the body after death.	82', ond	that in (my) (our) opinion c	to	te and hour and from the causes stated 170. DATE SIGNED
by the	7-	22d. PHYSICIAN'S NAME (14PEO	. / .		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	F _ / 2 /27 /87
		SURIAL, CREMATION, REMOVAL SPECIFY) BUTIAL	1 . 1		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

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3, DA	TE OF	18	MONTH	DAY	YE A
ACE				15.4	

		REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO.				
			FIRST	M	IDDLE		LAST		20 DATE OF		NTH DA	Y YEAR	26 HOUR	_
	Į IIVAS	A PRINCE	MAUREEN	K		LA	WLESS		3/12	2/82			245	P
	3. SEX	American Contract Con		RACE				VE AD	6 AGE (INY	EARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER 24 H	
		TE	emale	W	White	3	11	85			YRS &	0 12	NOOKS M	4.
1			ATE OR FOREIGN	& CITIZEN OF V	VHAT COUNTR		D NEVER	MARRIED &	9 BALTIMO	RE CITY OR	OUNTY	OF DEATH		
>	1			0.5.	A.				Sal	turos	1 Cu	ter		MD.
2	10 CI	.11.		IF NOT IN SUCH	OSPITAL, NUR!	SING HOME (1.	0.11				121 KIND O	FBUSINESS	OR
2	10			Unive	15sty o	1	nylav	cel Hospi	N)			-	-	_
2	130.5	AT KEZIDENCE	IF NURSING HOME OR				13d INSIDE	ITY LIMITS?	13e. STREET	ADDRESS ,	Bal	t., Md	2123	9
2		The second of the last of	L.		Baltu	nne	YES 🔀	NO	1514	Round	e wor	od Rd		
1	14 FA	HER'S NAME			LAST		1 - 1 - 1	FIRET		WIDDLE		TAS		
		DECEASED NAME MAURESN K. IAWLESS SEX Female White SID ALS OF BRITH White SID ALS OF BRITH WHAT SEX FORMAL SEX FEMALE SID ALS OF BRITH WHAT SEX SEX FEMALE SID ALS OF BRITH SEX SEX FEMALE SID ALS OF BRITH SEX SEX FEMALE SEX FEMALE SID ALS OF BRITH SEX SEX SEX FEMALE SEX FEM		O'Keef										
	T. DECEASED NAME				., Md.	21239								
			MAUREEN K. LAWLESS Pemale					_						
ſ,		DECEASED NAME A COUNTY A CHILDREN A RACE White Solate of Birth Solate of So			BETWEEN	MATE INTERVAL	Н							
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		12/		DUE TO, OR	AS A CONSEC	WENCE OF	emester.	JA HO	COPKO	SENCE	MAK	10	,	
=		gove rise to	immediate	(b)	1	THEFT	- Corner	100				100	ry_	_
				DUE TO, OR	AS A CONSEC		- 00011	10				lunk	nous	
		PART 2 OTHE	R SIGNIFICANT CO	ONDITIONS CO	NIRIBUTING TO				INAL DISEASI	E OR CONDIT	ION GIVEN	LINI PART 110		_
	20					201	TOT REENTED	TO THE TERM	IN THE DISEASI	L OK CONDIN	014 014 [1	A HAT AKI TIC		
1	CATI	19a. DATE OF O	PERATION	196 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFO	RMED			b. IF YES,	WERE FINDIN	GS USED	_
	TIFE										MEKING.	NG CAUSES	OF DEATH?	
1				110110 4 41		DAY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER NA	TURE OF INJURY IN	ITEM IS PAR	T I OR PART 2)		
	CAL				7									
	AEDI					F FARM ETC)				CITY OR TOWN		COUNTY	STATE	
	~	AT WORK	AT WORK											7
				ol) ottended the				19 82	, to	3/12	, 19		ha((I))(we) I	ost
		obove (I)	wel (did ydid not)	view the body o	fter death.			(aur) opinion	deoth occurre	d on the dote	and hour o	and from the	ouses stoted	
9		The SIGNATURE	// .	0 ,00	2			ATTENDING	MEDICAL	STAFF		22c DAJE	SIGNED	
		224 DHVSICAAN			M.D			PHYSICIAN [100	1011	1186	_
		ZZu. PHI SECTION	Potal	T+ 111	.D		Den	Pedi	atrici	Oning	City	al Us	Weny	41
1	22. 0	A.	INITON	LC, PUT	1/2		1000		1	OTH VER	אווכ	न् ।। ।	March	
	230. B	URIAL, CREMAT		Man 20		. NAME OF C		CREMATORY		ORTOWN		COUNTY	STATE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

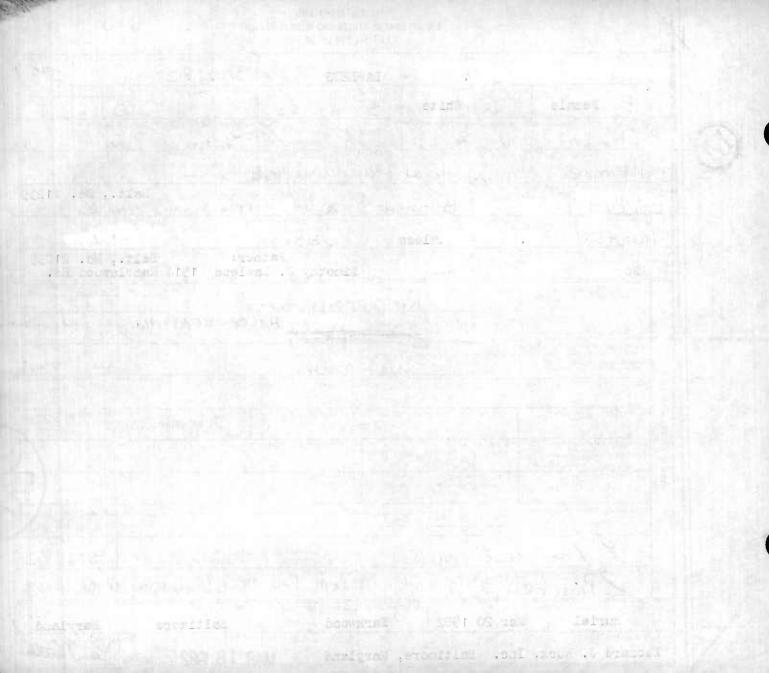
FOR

Parkwood

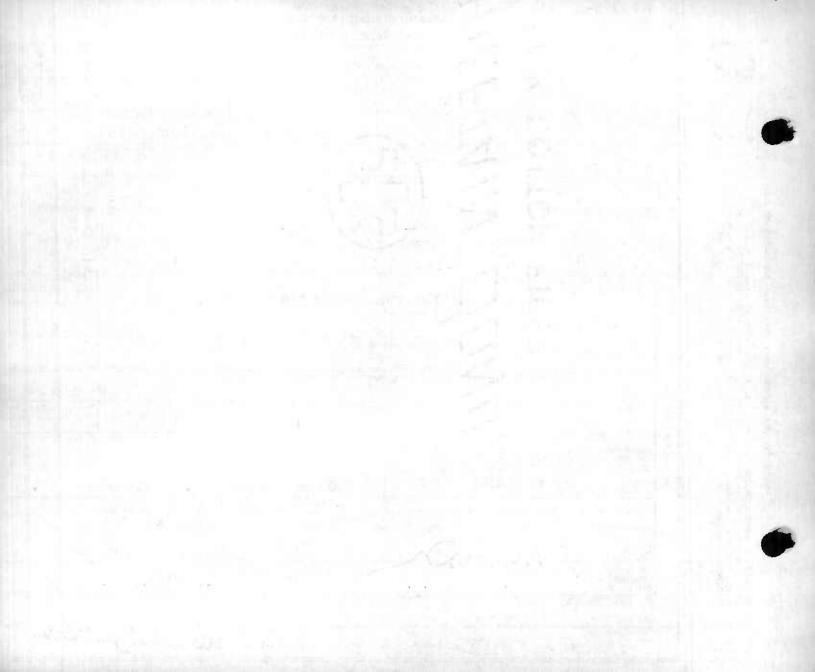
Baltimore

24 FUNERAL DIRECTOR
Lechard J. Ruck, Inc. Baltimore, Maryland

REGISTRAR 25b. REGISTRADE SIGNATURE
3 1982 Januar Jan Warthen



		- /	FOR	8a-22a Fi	lm G567 5,	12/82 reta	TE OF M	ARYLAND AND MENTAL H	YGIENE	2	13 6	-	6	. 1
100	- 17		STATE REGISTRAR		MEI	DICAL EXAMIN	IER'S C	ERTIFICATE C	F DEATH	REG. N	0.		0	
174.0	COPY !		CEASED NAA	AE FIRST	L. Dr	D. (CHEESE		AST ASSON	0	TE KNOWN		11 ,	YEAR 82	26 HOUR
- 1	35555	3. SE)	(4. RACE	5. DATE OF BIRTH	6. AGE IN YE		DER 1 YR. IF UNDER			MONTH	DAY	YEAR	2d HOUR
L	DIR OUR ON ST	9	emale	negro	8 4		RS.	DAYS HOURS	MIN. PRONG	DUNCED EAD	3		9 82	3a "
	NECESSARY, FUNERAL DIR 5 FOR YOU W. PRESTON	FC	RTHPLACE (PREIGN COUNTRY) ALTIMOP		76. CITIZEN OF WH	JSA	8. MARRIE WIDOWI	ED NEVER MARR	IED L	timore city	-	TY OF DI	ATH	MD
18.8	N SEE SEE	10 CI	Baltim		11. NAME OF HOS 2102 Pop	PITAL, NURSING HOM CHITY, GIVE STREET ADORESS) Lar Grove	E, OR OTHE 5† .	RINSTITUTION	120. USUAL OC FOR MOST OF	CUPATION (TYI WORKING LIFE)	PE OF WORK		D OF BUS INDUSTR	
21201	ATH. IF ANY DELA SS 1, 2, AND 3 TO 1 PM 3. RETAIN PA ND 2 SHOULD BE VITAL RECORDS, 2	13a. S	AL RESIDENCE TATE MD	(IF IN NURSING HOME C	R OTHER INSTITUTION, GIV TY	PERESIDENCE BEFORE ADMISS 131. CITY OR TOWN BALTTMORE		13d. INSIDE CITY LIMITS? YES 💢 NO 🗌	13e. STREET AD 2102 PC	DRESS DPULAR (GROVE	3		
BALTIMORE, MD.	AGES 1, 2, 2M PM 3. 1 AND 2 SI		ATHER'S NAMERIEST	E	MIDDLE	CHEESE		15 MOTHER'S MAIDEN NAME FIRST ISABEL		MIDDLE			LAST BROWN	
IMO		16a. V	VAS DECEASI	ED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		17 INFORMANT		ADDRES				100
ALT	AFI SICE PINE		NO			217-68-35	00	ISABEL SH	IAW	1604	SHAD	YSID	E RD).
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	IS THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER THE WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION 19, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	gave couse (d lying co	ons, if ony, which rise to immediate b) stoting the <u>under-</u> nuse last.	(b)	Itiple drug AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TEN	OF OF		RT 1 ia					
ITAL REC	CHIEF MENDED AS OF HEAL	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							²Å₿	BOMÉ Es D	N ONL		
ON OF V	THE WC TO THE COULD BE COULD BE CREWENT		UNDERLYIN	IAL CAUSE WAS G OR ING CAUSE OF I	216 TIME OF HOUR A.M DEATH P.M		D	w INJURY OCCURRE		DF INJURY IN ITEM 18	B PART 1 OR P.	ART 2}		
DIVISIO	WRITING WRITING ARDED 1 AGE 3 SH ATE DEPA	MEDICAL	21d INJURY OCCURRED WHILE AT WORK 21d PLACE OF INJURY (AT HOME. STREET ACTORY, FARM, ETC.) 21f LOCATION STREET 2102 Poplar Grove St. Baltimore							ore	Mo	d. STATE		
•	EXAMINER CERTIFICATION ULD BE FO DIRECTOR WITH THE		220. I cer deoth resu ACTUAL SIGNATURE	,	e of the remains desiral couses ,	cribed abave, held an Accident , Sc	ABD Autops vicide	Homicide	Undetermine	d manner 🔼	DATE SIGN		11-8	2
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BATTER DEATH	32 -	EXAMINER'S	INT)	nn M. Dixo			ADDRESS.	Penn St.		., Md	. 2	1201	
1611	7	730.B	SPECIFY)	ATION, REMOVAL 2		23c. NAME OF CE			23d. LOCATIO		cou	YÎN	517	ATE
104	BP	74 F	BUR UNERAL DIRE		3/16/82	MD. VEI	FRANS	CEMETERY 1250, DATE	CROWNS REC'D BY REGIS		IST RAR'S	SIGN	MD	
1	DHMH - 17 (VR A15 ME (5))	-	NAME	MARCH F/H	1101	E. NORTH A	VE.	MAR	1 5 198			and 1	auco	



FOR

REGISTRAR

OLLIE

DECEASED NAME

- STATE

TYPE OR PRINTS

Kirr **ADDRESS** (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH min PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) COUNTY STATES , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE CITY OR TOWN COUNTY Burial 3/8/1982 Cedar Hill Cemetery Balto. 24 FUNERAL DIRECTOR Balto. Md. 21225 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) George J. Gonce F.H. 4001 Ritchie Hgwv.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

HOURS

12b. KIND OF BUSINESS OR

Gischel Co.

IF UNDER 1 YEAR

INDUSTRY

DAYS

7051

IF UNDER 24 HRS

26. DATE OF DEATH

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or Issould Jainton	GEN HOSE	5 19427	11:	81277
125 Sylvaniona pur 21226	X X	072463		112
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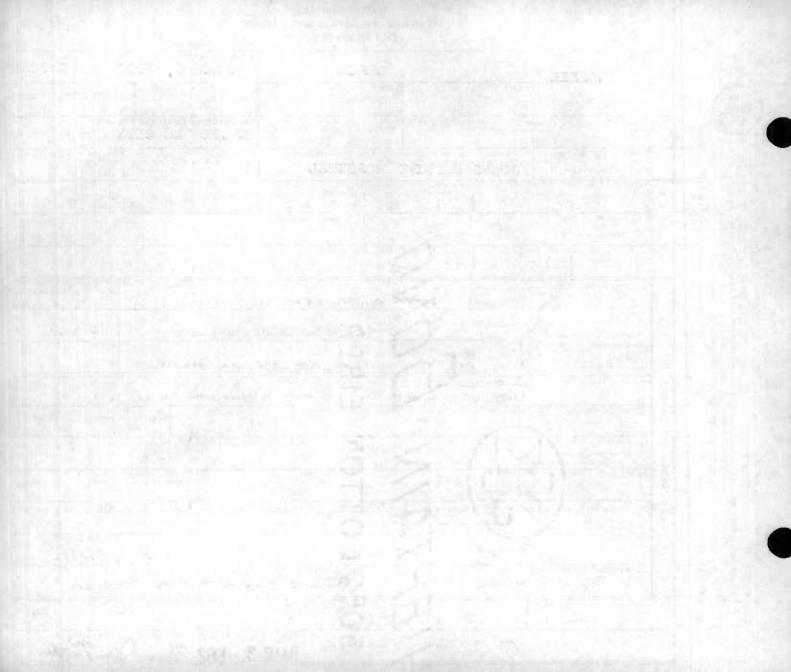
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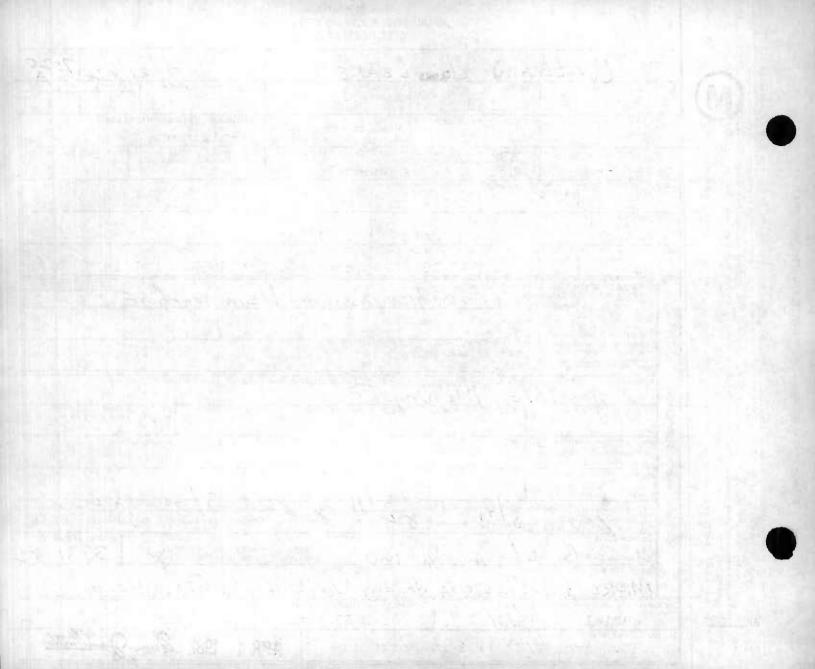
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

۱	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.			
1	1. DEGEASED NAME	FIRST		MIDDLE	ı	AST			DEATH MON			2b HOUR
	The second second second	SSTE			LE	ACH		MARC	CH 2,	198	32	2:30AN
	3. SEX		4 RACE					6. AGE IN YEA	ARS LAST BIRTHDA	(Y)	IF UNDER I YEAR	
	Femal	е	Bla	ick	1	5 DAY	05		77	VPS	MONTHS DAYS	HOURS MIN.
		OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER A	AADDIED [7]			OUNTY		
3	VA				WIDOWE	DEN DI	ORCED	BALTI	MORE	CI	ΓY	MD
1	10. CITY OR TOWN OF	DEATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	R OTHER INST	ITUTION					OF BUSINESS OR
5						SPITAL		(TITE OF WORK)	OR MOST OF WO	JKKING (IF	INDUSTRI	
-	130 STATE			13c. CITY OR TOWN	N			13e. STREET AL	DDRESS		b C+	
d		DECEASED NAME INFO CHARGES SEX Female Black SDATE OF BRITH SOATE OF BRIT		ugn St	• •							
0	REGISTAR DOEGASED NAME INDEED STAND NO. DATE OF DRATH MODITORY NO. DATE OF DRATH		Pears	son								
	REGISTARY DECEASED NAME INSTITUTE OF DEATH DECEASED NAME INSTITUTE OF PRITH LOSSIE LEACH LEACH LOSSIE LEACH MARRIED NARRIED NARRIED NARRIED NARRIED NARRIED NARRIED NARRIED NARRIED NEVER MARRIED NE											
December Name Part Model LAN Reg. No.												
	18 CAUSE OF DE	ATH (Enter or	ly one couse per								BETWEEN	ONSET AND DEATH
	1/OU			292	is ym	D HENU	singuti	. 2		- 11		
ı	757	7	DUE TO, O	R AS A CONSEQUE	NCE OF	.0 -0					111	
			(b)	RIU	nt c	<u>okesea</u>	- INTA	ReTION	•		146	DAYS
	couse (o), st	oting the	DUE TO, OI	R AS A CONSEQUE	NCE OF				1 0 340			
	Z O PART 2 OTHERS	IGNIFICANI								_		0
9	190 DATE OF OPE	RATION							SY? [20]	b. IF YES	WERE FINDIN	NGS USED
-	STIFIC							YES				NO [
		_			Y YEAR	21c. HOW IN.	IURY OCCURRI	ED (ENTERNATU	IRE OF INJURY IN	ITEM TS P.	ART I OR PART 2)	
	(IF EITHER NOTIFY A	EDIC AL EXAMINER	P./	.,	19			_	200			
	WHILE IN NO.				RM, ETC)		N		CITY OR TOWN		COUNTY	STATE
					2 71		60		2/2		0.	
			2/-			d that in (my)		enth occurred		and have		that (1) (we) lost
	obove, (I) (we	e) (did) (did no	t) view the body	ofter death.			our, opinion a	Jeoin occorred	on the dote o	JNG HOUI		
	SEX Female											
	3 SEX Female											
						L		DRING T	COSTITAL	20	AUTIMOR	26 ·
	230 BURIAL, CREMATIC (SPECIFY) Buri	N, REMOVAL						CITY OF	RIOWN	re	COUNTY	MD STATE
			- /				25a DATE				RAR'S SIGNAT	
	wm C.	March	F/H 1	.101 AD TES	Nort	h Ave.	MAR	3 199	2 720	reas	VanT	Keithen
- 1												





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	REGISTRAR			CEKITE	ICATE OF DEATH	REG.	NO				
	CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH		AY YEAR	26 HOUR		
LITPE	ORPRINT) JOSEPH	,		Lea	in Sn.	March i	17. 190	82			
3. 5EX		4. RACE		5. DATE C		6. AGE JIN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 H		
	Male	Whit	e	MONTH	u 12. 1928	50		ONTHS. DAYS	HOURS M		
Je Bill	ITHPLAGE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY	OF DEATH			
	aruland	USA		WIDOWE	DIVORCED D	Baltim	ne Cit	,			
IO. CIT	TY OR TOWN OF DEATH			G HOME C	R OTHER INSTITUTION	120. USUAL OCCUPA	TION	12h KIND C	OF BUSINESS		
Be	altimore	19 E	.Fort Ave	. Bali	to.Md.	Deputy.	Sheriff	INDUSTRY			
	L RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
Ma	ryland 136. COU	VIII	Battimon	ie	13d. INSIDE CITY LIMITS?	13 STREET ADDRES	t Ave. B	alto.M	d.		
14 FA1	THER'S NAME				15. MOTHER'S MAIDEN NA						
	Thomas	MIDDLE	Lear		Bertha	WIDDEE		Scha	ffer		
160 W	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADD	RESS		Troo		
(YE	Yes (IF YES, GE	WAR OR DATES)	220-20-30	811	Mas Tosanhin	01//000 5					
	18 CAUSE OF DEATH (Enter only one couse per line for use (b), and (c) is all Death										
	PART I. DEATH WAS CAUSE	D BY:	() A ()	DIAC	Annes	0		XW	ONSIT AND DEA		
	41AA	TE CAUSE (o)				001		1/.			
34	Canditians, if any, which	DUE TO, OF	RAS ACONSEQUE	NCEOF	+ lunopul	In luster	tim	ILANA	m		
	gave rise to immediate) b)		100	10	1010	m	0100-			
	cause (a), stating the underlying cause last DUETO, OR AS A PONSEQUENCE OF - + DUETO, OR AS A PONSEQUENCE OF -										
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NIPIBLITING TO D	EATH BLIT	NOT BELATED TO THE TERM	INAL DISEASE OR CO	MULTION CIVE	NI DI DANY	,		
Z		20110110110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LAM	NOT RELATED TO THE TERM	IIVAL DISCASE OR CO	NOINON GIVE	IA HALAKE III	0		
CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN			
ΙĔΙ						YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?		
	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR				NO []		
	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR							
MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY		211. LOCATION						
¥	WHILE NOT WHILE AT WORK	I AT HOME, STR	EET, FACTORY, OFFICE, FA	RM ETC)	STREET	CHTY OR	NWOI	COUNTY	STATE		
	220.1 certify that (1) (this hasp	tal) attended the	deepsed from	20	1082	3 1	1	8	Ab-A (1) () (
	saw the deceased alive an		15 19	XV.on	d that in (my) (aur) opinian o	death occurred on the	date and hour		that (I) (we) I		
	above, (I) (we) (did) (did no 22b, SIGNATURE	t) view the body	after death.		DEGREE			22c DATE			
	12 PV	Lun	un		ATTENDING		AFF	3	10/6		
1 1	22d. PHYSICIAN'S NAME LTYPE	OR PRINT)		-	PHYSICIAN 22 ADDRESS	DIRECTOR PHYS	ICIAN [1 3	11/95		
	MARCEUN		UBUTAN	1 500	87/11 00	ROBO	t RI	A R	1255		
22 DI					MAON	100 8	Mul	75 13	a vs		
130 BC	JRIAL CREMATION, REMOVAL PECIFY Ntombrent	1236. DATE	0 0		METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE		
24 5111	C	1141.20,	1702 (ec	dan H.		Baltimo		Maryl			
	neral director of the funeral	Home, 1	30 E.Fort	Ave.	Balto. Md. 250. DATE	E REC'D. BY REGISTRA	~	AR'S SIGNAT	West.		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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word yallow sale	LEP + - OHIA		
			178
			ST OF STREET

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 7b HOUR TYPE OR PRINTS RACHEL **LEARY** 3 SEX 4 RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAYS IF UNDER I YEAR 1889 White July Female 92 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

TO BIRTHPLACE ISTATE OF FOREIGN Pennsvlvania U.S.A. 10 CITY OR TOWN OF DEATH

166 SOCIAL SECURITY NO.

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL

BALTIMORE CITY 12a USUAL OCCUPATION (Type of work for most of working life)
Housewife

176 KIND OF BUSINESS OR Home

Baltimore 13c. CITY OR TOWN 21030 10308-D Malcolm Circle Marvland YES T NO I FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Humphrey

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)

BALTIMORE

USUAL RESIDENCE (IF NURSING HI

17 INFORMANT

ADDRESS

LAST

205-03-7404 George E. Olseth Cockeysville, MD

PART I. DEATH WAS CAUSED	y one couse per line for (0), (b), and (c) (1) BY: ECAUSE (0) A Spiration	BETWEEN ONSET AND DEA
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Mentin	yes.
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	

710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

220.1 certify that (1) (this hospital) attended the deceased from

above, (I) (we) (did (did not) view the body after death

YEAR 21e PLACE OF INJURY 211 LOCATION

AT HOME, STREET, FACTORY OFFICE FARM ETC 1

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

20n AUTOPSY?

CITY OR TOWN

COUNTY STATE

22h SIGNATUR 22d. PHYSICIAN'S NAME (TYPE COM

NOT WHILE

72e. ADDRESS

MEDICAL DIRECTOR PHYSICIAN

22c. DATE SIGNED

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

appler MUCK

230 BURIAL, CREMATION, REMOVAL Cremation

190 DATE OF OPERATION

21d. INJURY OCCURRED

236 DATE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

Green Mount Cemetery Balltimore, Maryland

24 FUNERAL DIRECTOR

William E. Johnson 8521 Loch Raven Blvd MAR

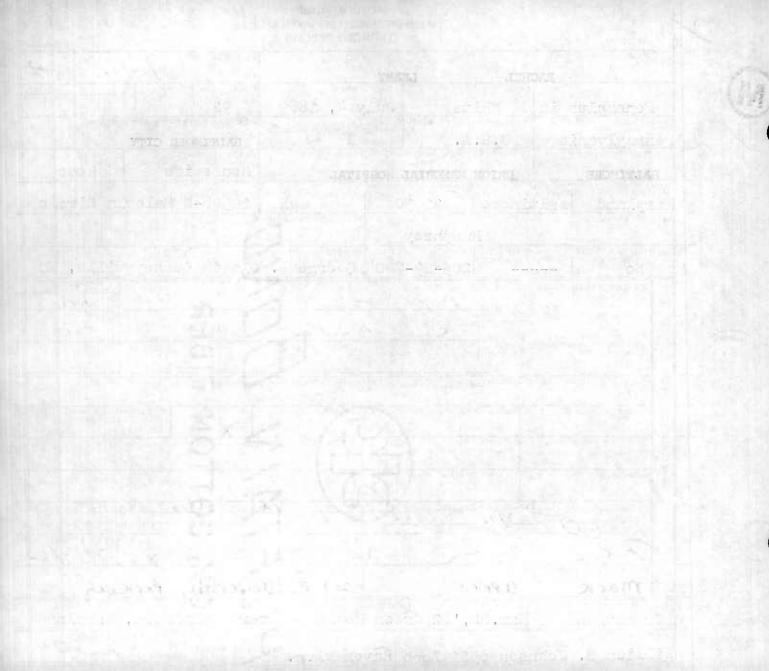
DHMH - 16 50M 1/B1 (VRA 15, 4)

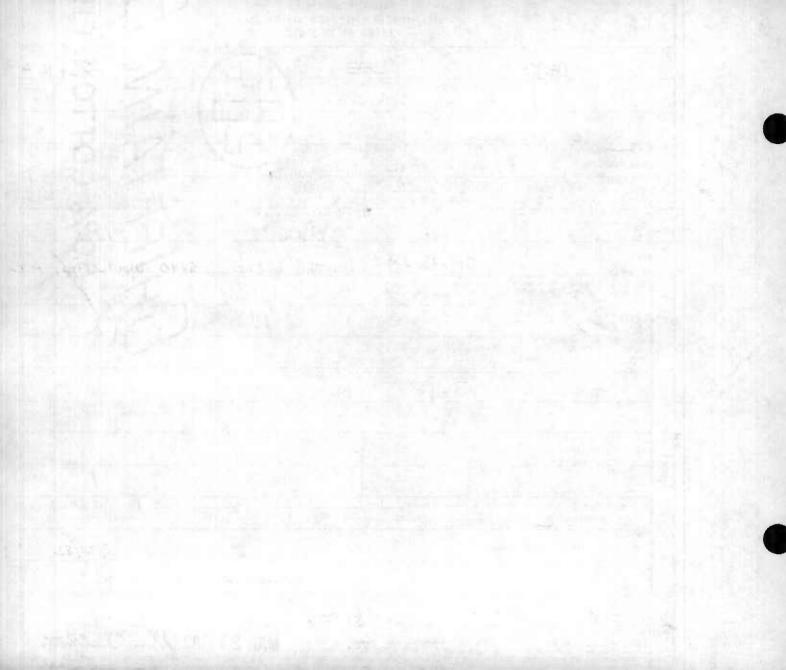
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or

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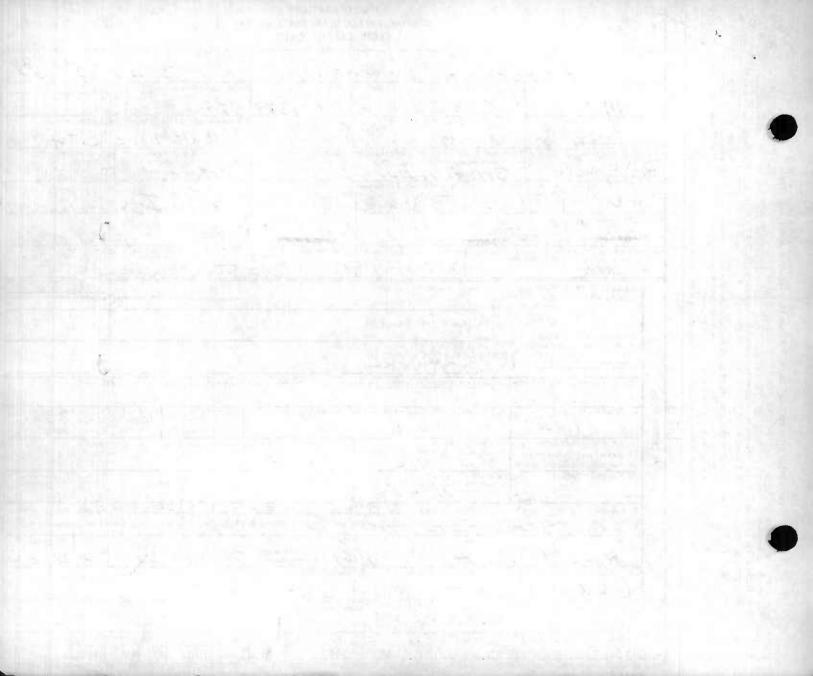
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. 3	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE O Z	U 10.	0 =	/ 1
# PE	1. DEC	CEASED NAME FIRST OR PRINT) MAR	K	WIDDLE	LE	VEN	20 DATE OF DEATH	MONTH DAT	5-8Z	1230 1230
the state of the s	I, SEX	MALE	RACE WHI		5. DATE O		6 AGE (IN YEARS LAST BIR	мо		FUNDER 24 HRS
O de la	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) MARY LAND		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF			
rs offi	10. CI	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LEVINDALI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) MERCHAN	10N	12b. KIND OF INDUSTRY RETAI	
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill examiner mystbe.nc	USU A 130 S	AL RESIDENCE (IF NURSING HOME TATE RYLAND	OTHER INSTITUTION		E ADMISSION)		13e STREET ADDRESS 3125 BANC			#21215
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10	de	STATE OF MARYLAND	
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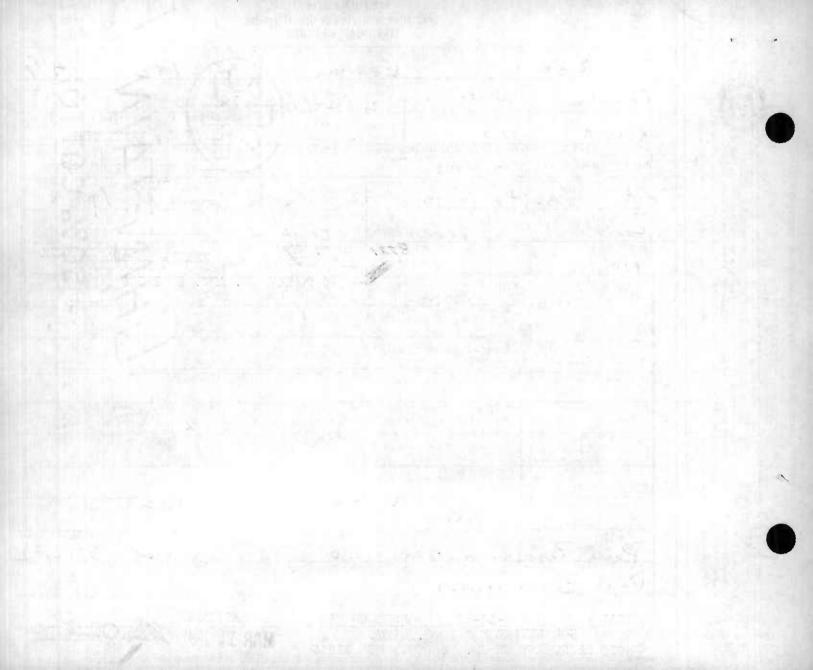


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	IENE 3 2	06.	5 7 3
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5	Talm S	STATE COUN Ba	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	21208 a N. Ap	t 8
30)	Louis	Resnia	ck	15. MOTHER'S MAIDEN NAM	WIDDLE		NOWN
2			MED FORCES? 166 SOCIAL SECTION 213-1	4-80	MR'S'ANMYRA XXXXXXXXXXX	rive XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX
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)		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	***	AY YEAR	21c. HOW INJURY OCCURR	YES NO	YES	NO 🗍
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BURNER OF THE REPORT OF MEMORIES - SEQUE

Leonard J Ruck Inc. Baltimore, Maryland

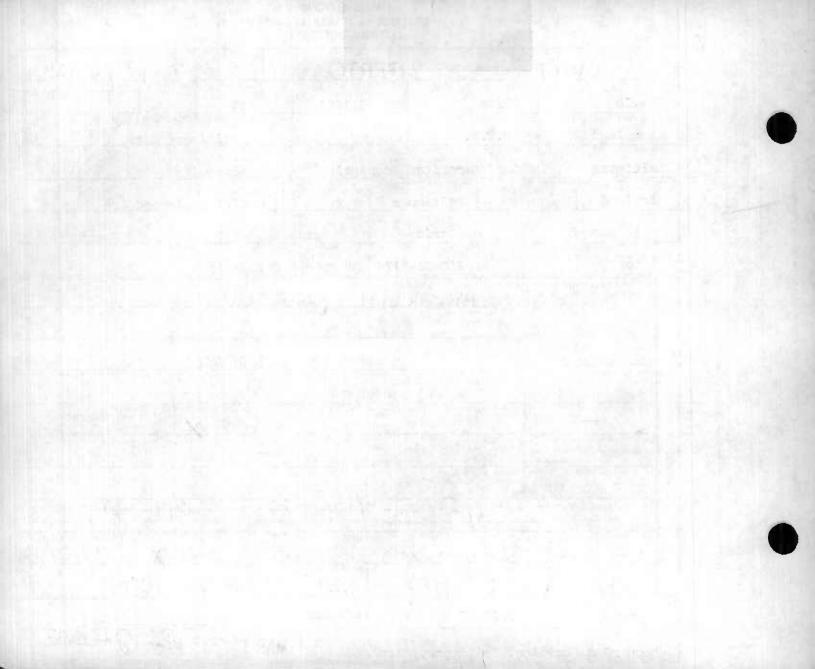
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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME KNOWN K 26 HOUR (TYPE OR PRINT) ESTI-FUNERAL DIRECTOR. 5 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, RRESTON STREET, DEATH MATED 18 RUSSELL 19 82 LINN Vincent IF UNDER 1 YR. 4 RACE S DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY) MONTHS PRONOUNCED 1:59 18 DEAD 6 63 18 19 82 male white TO BIRTHPLACE (STATE O 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Connecticut Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital (DOA) Side-Walk Inspector 3a STATE COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Hartford 140 Greenwood Street New Britian NO Connecticut 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME F. PAGES 1 AND 2. Fred MIDDLE MIDDLE Linn.Sr. Susan Richardson URS AFTER DEA 18. GIVE PAGES WITH FORM I 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 140 Greenwood St. 042-12-1040 Mrs. Gertrude N. Linn. No tian. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, it any; which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION E 3 SHOULD BE USED. DEPARTMENT OF HE USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING DOR YEAR 0 CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (ATHOME 21f. LOCATION 21d INTURY OCCURRED STREET, FACTORY, FARM, FTC. I STREET STATE CITY OR TOWN WHILE AT WORK COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALIJMORE, MARYLAND, 21201 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 3-18-82 SIGNATURE EXAMINER'S NAME Dixon. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) Springfield Crematory Cremation Springfield Hampder Mass. BP 24 FUNERAL DIRECTOR **DHMH-17** Marzullo Funeral Service Reisterstown.Md. (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND



1	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE		FICATE OF DEATH	REG. NO.	ONTH DAY YEAR 12h HOLLR
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M	3. SE	Female	4. RACE White		of BIRTH 1918 ber 11, 1915	6 AGE (IN YEARS LAST BIRTH	
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14		BALTIMORE	UNIONSMEMO	TRIAL HOSPI	OR OTHER INSTITUTION	Managing Ed	
and beautiful to	13a. : Ma	AL RESIDENCE IF NURSING HOME STATE 136 CO aryland	UNTY 13t CI	SIDENCE BEFORE ADMISSION) ITY OR TOWN LITIMORE	13d. INSIDE CITY LIMITS?		d Avenue Apt. 50
2 3 mg 2 s	14. F/	ATHER'S NAME FIRST DON	M. Bu	ırgess	Anna	ME MIDDLE	Davis
Poges 1		MAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES,	CRE WAR OR CAYEE	OCIAL SECURITY NO. 14-18-9876	James T. Mu	rray 4401 Ro	
atian,		Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF			
ermit. Then please remave c e prior ta burial, crematian, is any injury, or other traumo	FICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A (c)T CONDITIONS <u>CONTRIB</u>	CONSEQUENCE OF	T NOT RELATED TO THE TERM ON WAS PERFORMED	20s AUTOPSY?	TION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
I-transit permit. Then please remave a littygiene prior to burial, cremation, in 18 shaws any injury, or other traums	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF U	DUE TO, OR AS A (c) T CONDITIONS CONTRIB 196 CONDITION F 216. TIME OF INJU HOUR A.M. M	CONSEQUENCE OF	ON WAS PERFORMED 21c HOW INJURY OCCUR	20s AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\) NO \(\)
os the burial-transit permit. Then please remave c. h and Mental Hygiene prior ta burial, crematian, rked or them 18 shaws any injury, or other traum.	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIB 196 CONDITION F 197 CONDITION F 216 TIME OF INJU HOUR A.M. M P.M. 216 PLACE OF INJU	CONSEQUENCE OF OUTING TO DEATH BUT OR WHICH OPERATION RY ONTH DAY YEAR 19	ON WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES A	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO IN ITEM 18, PART 1 OR PART 2)
burial-fr Mental or frem 1		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (ii) (this has saw the decreased alive.	T CONDITIONS CONTRIB 19b CONDITION F 21b. TIME OF INJU HOUR A.M. M P.M. 21c. PLACE OF INJI (AT HOME, STREET, FACE)	CONSEQUENCE OF OR WHICH OPERATIO RY ONTH DAY YEAR 19 URY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET 19 82 nd that in (my) (art) Opinion DEGREE	200 AUTOPSY? YES NOTE NATURE OF INJURY CITY OR TOWN 10 3/19 death occurred on the date	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO IN ITEM 18, PART 1 OR PART 2) N COUNTY STA
hed for use of the burial-the for use of the burial-the part. of Health and Mental tem 21 is marked or them 1		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK (I) A WORK (I)	DUE TO, OR AS A (c) T CONDITIONS CONTRIB 196 CONDITION F 196 CONDITION	CONSEQUENCE OF OR WHICH OPERATIC RY ONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) Doed from 21 posth.	211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES A NATURE OF INJURY CITY OR TOWN 10 3/19	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO IN ITEM 18, PART 1 OR PART 2) N COUNTY STA

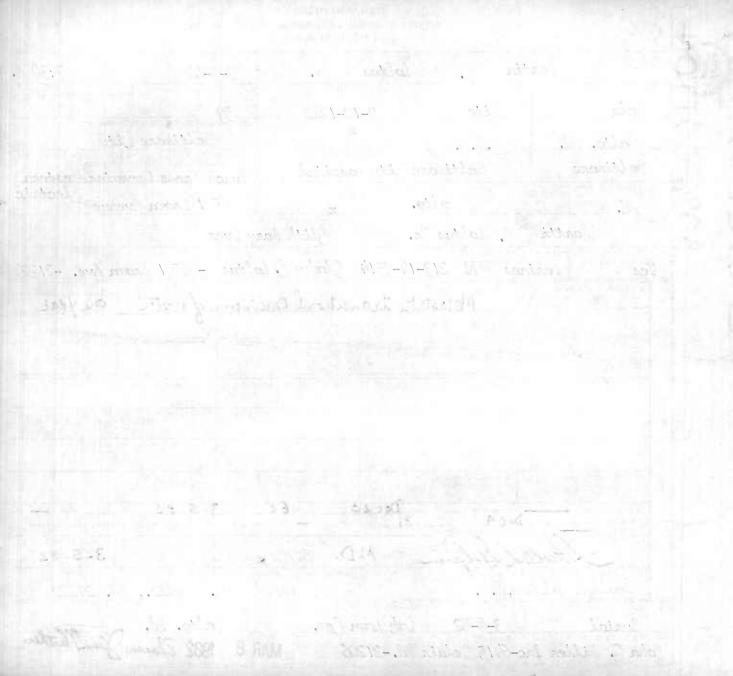
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ALTERORE CITY			en omo mo
	1/10	THE SWITCH BEAL HOSE	Threatagns.
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TALL MARKET LAND	HER WATER	ville naciviti	Charles A.
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MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather troumatic event, the medical

STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. N	0.	2 / 7
10	DECEASED NAME FIRST (TYPE OR PRINT)	tin J.	Loftus	Jr.	3-5-82	MONTH DAY	7:30 A
3	SEX Male	4 RACE White	5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	RIYEAR IF UNDER 24 HRS
70	Balto. Ad.	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH MD.
10	Baltimore	(IF NOT IN SOCH FICHTIVE, GIVE ST	RSING HOME O TREET ADDRESS) R Lty 1	Pospital	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	OF WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
13	ISUAL RESIDENCE (IF NURSING HOME OR 30 STATE 136 COLIN		OWN I	YES NO	13e STREET ADDRESS	own Avenu	Electric
	FATHER'S NAME FIRST Martin	ADDRES. Loftus AS.	r.	15. MOTHER'S MAIDEN NAM Edith Man	y Over MIDDLE		LAST
16	WAS DECEASED EVER IN U.S. ARM WES, NO OR UNKNOWN) (IF YES, GIV)	WAR OR DATERINAT 212		Gladys E. Le	oftus - 65	01 Brown	
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	y one couse per line for (a), (b) BY CAUSE (b) CAUSE (b) CAUSE (b) CAUSE (b) CAUSE (b) CAUSE (c) CAU	tic tra	nsitional Care	inoma of ex	reten. C	APPROXIMATE INTERVAL ELIMEN ONSET AND DEATH THE YEAR.
- Tooling	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING</u>			INAL DISEASE OR CON	20b. IF YES, WERE	FINDINGS USED
FOTIER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES 🗌	AUSES OF DEATH? NO PART 2)
	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	211 LOCATION			
1	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TO	2.2	
	sow the decembed alive on obove, (I) (specially laid and	Dec 9	9.31, on	d that in (my) (aw) opinion o	, to	ate and hour and fro	
	22d. PHYSICIAN'S NAME (TYPE O	In Holpin	M		MEDICAL STAI DIRECTOR PHYSIC	FF :	3-5-82
	Atavllah Golpi	ra, M.D.				lto., Md.	21222
L	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 3-8-82	Oak Lau	emetery or crematory	23d. LOCATION CITY OR TOWN Balto.	M. count	Y STATE
24	John . Miller In	rc-6415 Belair	ssRd212	206 MA	R 8 1982	PARCO	an lather

DHMH - 16 50M 1/B1 (VRA 15, 4)



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· m	 CALT	01			711		10		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 3 6 0
X		CEASED NAME FIRST ROPPINT) RITA	MIDDLE L.	LOMP		20-82 26. HOUR 310 A M
)	1 SE	* FEMALE	White	5. DATE OF BIRTH MONTH 12 - 17 - 18	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYPER IF UNDER 24 HRS
35	10	RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH CITY MD.
38	B	ALTIMORE	UNIVERSITY OF	MD. HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE RECEPTION/ST	126 KIND OF BUSINESS OR INDUSTRY NEW DEAL OPTICA
25	130 S	ARYLAND Balt	defense of the	13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NA	MIDDLE .	
2	(1	VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN I IF YES, GIVI	WAR OR DATES	JRITY NO. 17 INFORMANT 1-3268 Charles T. Lo	RET MCNei	_
T, or one noting the seem, in	7	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) WIDESP DUE TO, OR AS A CONSEQUE (c)	- PULMONARY AN ENCE OF PREAD LIVER CAN		APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH MINUTES 3 MONTHS
2	CERTIFICATION	19a date of operation		OPERATION WAS PERFORMED	YES NO X IN CERTIFY	
9	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT ORPART 2) COUNTY STATE
			ol) oftended the deceosed from 19 view the body ofter deoth.	3-12, 19 86 82, and that in (W) our) opinion of DEGREE	death occurred on the date and hour	224 DATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE OF LAUREN)	A. SCHNAPER	PHYSICIAN [DIRECTOR PHYSICIANS ENÉ ST. BALTO	0. MD 21201
	230 B	BUTIAL SUTIAL		NAME OF CEMETERY OR CREMATORY HOLY Redeemer	Baltimore	COUNTY Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Leonard J. Ruck, Inc. Baltimore, Maryland

MAR 31 1982 Prances Jan Watter

AND STATE OF THE PARTY OF THE P

Eline Funeral Home Reisters Town, Md. 21136

Item 19b G566 4/22/82 dad

- STATE

LITYPE OR PRINTS

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

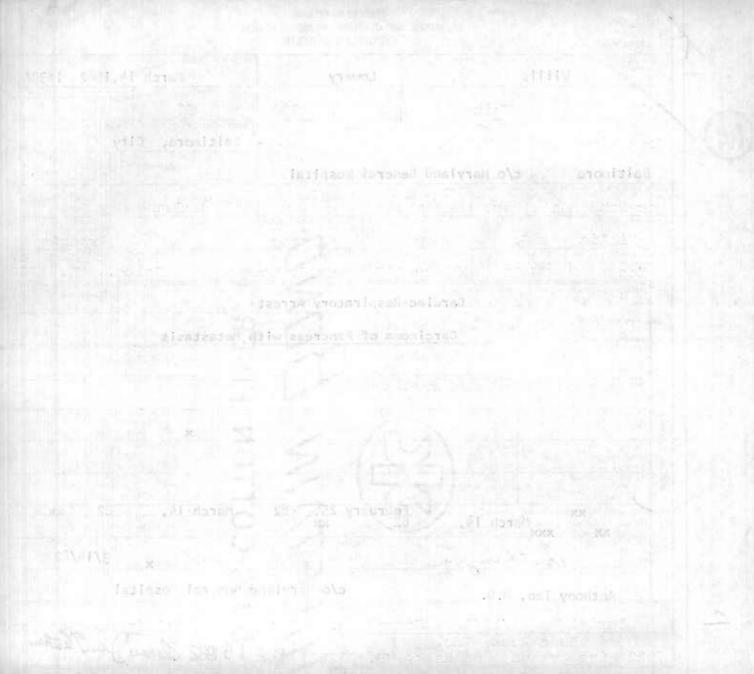
CERTIFICATE OF DEATH

LAST

REG. NO 20. DATE OF DEATH 76 HOUR 1035 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 75 9 BALTIMORE CITY OR COUNTY OF DEATH BATINORE 120 USUAL OCCUPATION 176. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) BUTLER REDIERSTONE MIDDLE LAST ADDRESS Reisterstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH KUKS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (lay) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 301 ST, PAUL PLAGE BACTIMORE NO. COUNTY STATE Finksburg, Md. 230 DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

217-17-17ER Um. June 1. Low Holetoretern, 15. ference in the second of the s Mine warman lone Leterators, vd. Line with a work of the



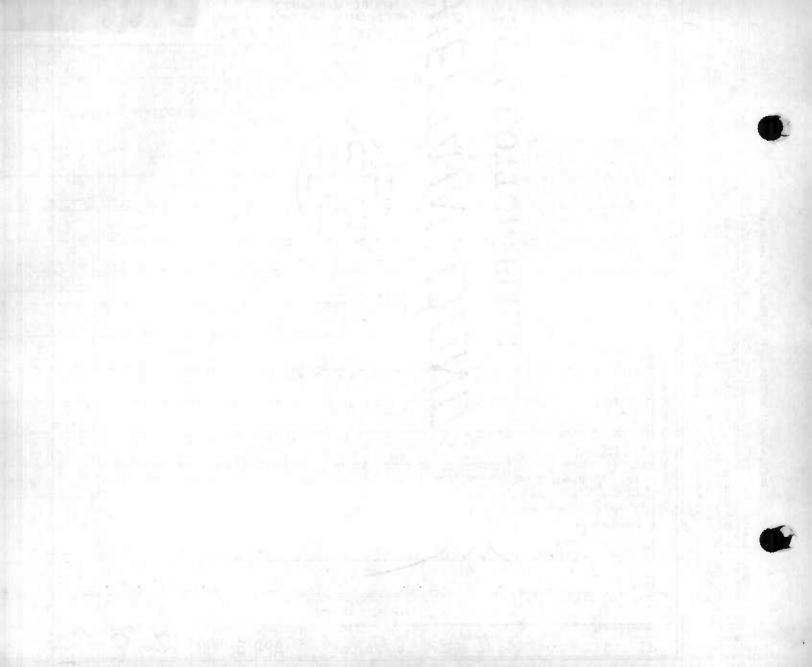
8		8	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF I	E OF MARYL EALTH AND ICATE OF I	MENTAL HY		G. NO.	165	8 3
	m c			CEASED NAME	FIRST		MIDDLE	3)	AST		20. DATE OF DEA	ТН момтн	DAY YEAR	2b. HOUR
	y be				CL	ARENCE			UDWIG	Sr	МАРСН	21 100	2	3;50 am
	1 1		3. SE	X	02,	RACE		5. DATE C	OF BIRTH	YEAR	6 AGE LIN YEARS LA	ST BIRTHDATT	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	100	1		male		W	hite	MONTH 5	31	04	77	YRS	MOINING DATS	HOURS MIN.
	人物的	The same		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	D X NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
	印料	130		Maryland			USA	WIDOWI	D DI	NORCED [Balti	more C	ity	MD.
10.	Y	35	III. CI	Baltimore			Church	ET ADDRESS)	OR OTHER INS	TITUTION	170 USUAL OCCU	OST OF WORKING	176. KIND OI INDUSTRY Sherwo	od oil
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 hour	BS	13a. S	AL RESIDENCE (IF NURS	ISH COUL	COTHER INSTITUTION NTY Ltimore	GIVE RESIDENCE BEF		13d INSIDE C	ITY LIMITS?	13e. STREET ADDR	ess ayard A	venue	
YLA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	_	THER'S NAME						S MAIDEN NA	ME		remot	
MAR	p de d	930	C	hristopher		WIDDLE	Ludwig		ма	rtha	MIDI	DLE	Hopki	ns
m,	d co	3 -		AS DECEASED EVER			168 SOCIAL SE	CURITY NO.	17 INFORMA		A	DDRESS	ti-t	
IWO	Pog.	10	,	ES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	212 09	0412	Marga	ret Luc	iwig 1732	navard	avenue	
SALT	sicio pers	t, the		18 CAUSE OF DEAT	H (Enter or	nly one couse per	r line for (a), (b),	and (CII)						MATE INTERVAL
T. 1	rtific phy propo	even		PART I. DEATH W		D BY: TE CAUSE (a)	CARDIO I	PLII MONA	RY ARR	FST		PALE		
NO	h ce nding orbo	otic		1627			R AS A CONSEC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
EST	deot	froum		Conditions, if any,	which		SMALL CI		CER_LU	NG				
7. PR	the rem	otherti		gave rise ta imn cause (a), statin	g the)	R AS A CONSEC							
2	thot d by ease	or of		underlying couse	last	(c)_	PLEURAL	EFFIIST	ON					
RDS, 2(equires in signe Then pl	njury,	NOI	PART 2. OTHER SIGN	IFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO	D DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 1(0	1
I RECO	on. has been permit.	S and	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (YES []	GS USED OF DEATH?
VITA	hysicior icote h ronsit p	8 sho	CER	210. ACCIDENT WAS UND	ERLYING [21b. TIME C			21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF			,,,,
0	HYSICIAN: ding physis is certificat burial-tran	Item	AL	OR CONTRIBUTING C		1111	M. MONTH	DAY YEAR						
NO	> 7 0 X	- L	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFIC		211 LOCATIO	NC	CITY	OR TOWN	COUNTY	STATE
N	otten otter frer thi	marked ar	2	AT WORK AT WOR	ILE	(AT TIOME, ST	REET, FACTORY, OFFIC	E, FARM, EIC)	3		-			31416
_	NDI or last	is m	13	22a.1 certify that (I)	(this hospi	tal) attended th	e deceased from			_, 19_82	, ta_3/21		. 19_82, t	hat (I) (we) last
	Spite CTO d for	121		saw the decease above, (I) (we) (d	d alive an lid) (did na	t) view the body	ofter death.	82	id that in (my)	(aur) apinian	death accurred an t	he date and ha	our and fram the c	auses stated
	OR or ho	If Hem		276. SIGNATURE		0.	1		DEGREE	777110000			22c. DATE S	
	retained by the TO FUNERAL (should be detailed by the State of the Sta			Anne	en	Lu	hou	no	Α	PHYSICIAN [DIRECTOR PH			82
	HOSP!	MPORTANT		22d PHYSICIAN'S NA	ME (TYPE C	OR PRINT!			27e ADDRES		H HOSPITA	L CORP	ORATION	
	etaine TO Ft	8		MUKESH	1 ПНА	R MD			100 N.	. BROAD	WAY BALT	IMORE,	MARYLAN	D 21231
	E E	≤		URIAL, CREMATION.		23b. DATE			EMETERY OR O		23d. LOCATION CITY OR TOV	/N	COUNTY	STATE
200	BP	-		Burial		3/24	/82	Sacred	Heart	of jes	us Ba	ltimore		Mg
C	HMH - 16 50M (VRA 15, 4)		24 FL	Walle .	Polo	mski	ADDRESS 1003	Dund	at av	25a. DAT	E REC'D. BY REGIST	1937 A	AR'S SIGNATI	RE /lastlen

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		The state of the s		
				J. Hurt
				J. Harry

DHMH - 16 50M 1/B1 (VRA 15, 4)

8		1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE SEG. NO.	06384
y be	eerh eerh		CEASED NAME FIRST OR PRINT)	MIDDLE L	LUDWIG	20. DATE OF DEATH M	7 82 1054 N
de 4 mo		3. SE.	FEM ALE	CAUCASIAN	5. DATE OF BIRTH April 7, 1408	6 AGE (IN YEARS LAST BIRTHI	MONTHS DATS HOURS MIN.
deoth. Pe	hin 72 ho		Md.	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		MORE SITY MO
urs ofter	by the filed with	B	ALTIMORE	UE NOT IN SUCH FACILITY, GIVE STREET	YLAND HUSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HE MEMORY &	
nin 24 ha	should be	130 5	THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 130. CITY OR TOW ROLL FINKS by	N 13d, INSIDE CITY LIMITS?	13e. STREET ADDRESS	Ballinger Mill Re
uted with	Complete Tond 2		HARRY C	WED FORCES? 1166 SOCIAL SECU	Ada	MIDDLE ADDRES:	PARRISH
be exec	ian ond ce		es, no of unknown) (IF YES, GIV	E WAR OR DATES)	Fred M. L	Ludwig F	inksburg, Md.
centrificote	ng physicia bonpopers. remaval. c event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (0), (b), one D BY: E CAUSE (0) 1 N T(2)	ACEREBRAL HE	MATOMA	BETWINN ONSE! AND DEATH 20475
hot the death	by the attendi ase remave car Il, cremation, or other troumati		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			
requires t	in signed Then ple ir to burio injury, at	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
The law	e hos bee	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN:	s certificate buriol-transif Mentol Hygi ir Item 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
NG PHY	After this os the bu Ith and M iorked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	N COUNTY STATE
ATTENDIN	CTOR: A d for use t. of Heal n 21 is m		sow the deceased alive on above, (I) (we) (did) (did no			death occurred on the date	. 19 , that th (we) lost e and hour and from the couses stated
TAL OR	NERAL DIRE be detached e State Dept TANT: If Iter		724 SIGNAPURE A B	ellin	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	3/7/82
O HOSPITAL etoined by tl	should be det with the State		EI)WIN W.	BELLIS M	10. UNIUENSITY		LAND HUSPITAL
BF			SPECIAL CREMATION, REMOVAL	3-10-82 X	The View Cemetery	23d LOCATION	L. Carroll Mid
DHMH	- 16 50M 1/B1	24 FI	INERAL DIRECTOR	. 11. O ADDRESSA!	250. DAT	E REC'D. BY REGISTRAR 25	EXPEGISTRATE SIGNATURE

2	12	POR STATE				MENT OF H	EALTH		NTAL HY	-	d line		0	6 3	8	5
	1	REGISTRAR		MI	-10.00	EXAMINI	ER'S CE	ERTIFIC	ATE OF			REG		7?		
-		CEASED NAME	FIRST		WIDDLE		(A	AST			OF	KNOWN ESTI-	X MON	TH DAY	YEAR	2b, HOUR
City with			KIRK	1 - Q-1	P.	,	LYL	_ES		- 1		MATED			1982	M
(A	3. 5E	4. F	RACE	S. DATE OF BIRTH	- YEAR	6 AGE (IN YEAR			IF UNDER 2		20 DATE	JCED.	MONT	H DAY	YEAR	24 HOUR 5:32
ı	M.	ale	Black	11 5	43	38 YR		DATS	HOURS	MIN.	DEAD)	3	31	1982	P M
	₹ B	RTHPLACE (STATE	OR	76. CITIZEN OF V		TRY?	8. MARRIEI	D NEV	ER MARRIE		9. BALTIN	ORE CIT	Y OR COL	JNTY OF DI	EATH	
1		Md		USA			WIDOWE	desirate.	DIVORCE	32.	Balt	imor	e Cit	ty		MD.
	10. C	TY OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NU	IRSING HOME,	OR OTHER	R INSTITUT	ION		AL OCCU	PATION	(TYPE OF WOR	RK 12b. KIN	INDUSTR	SINESS
10	S	Baltimor	e			s Hospi	tal			PORA	OST OF WOR	(KING LIFE)		OR.	11400318	
-		AL RESIDENCE (IF II	NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSIO	N) .	21 11/196 61		13 670	FT 1000					
	138. 5	Md	13b COUN	411		timore		3d. INSIDE CIT	NO [ET ADDRE		incto	on Str	reet	
-	14. F.	ATHER'S NAME			11/11		1	15. MOTHE	R'S MAIDEN							
8		Leon		MIDDLE	Lyl	LAST	6-2	Mabe	-		E.	AIDDLE	,Tac	ckson	AST	
	16a. \	VAS DECEASED E				CIAL SECURITY	NO. I	7. INFORM			L.	ADDR		7/2011		
	(1	es, no, or unknown; No	(IF YES, GIVE	WAR OR DATES)	216	-36-470	00	Vahal	F It	7100	1001	N	Machi	ington	Str	cot
	-		EATH (Enter on	nly ane cause per li			/UI	TOUCL	إلى وند	TES	1001	140	Masili	APP	ROXIMATE	INTERVAL
		PARTIDEATI	H WAS CAUSE	D BY:		re disc	order							BETW	EEN ONSET	AND DEATH
N N		780:	MMEDIA	TE CAUSE (a) DUE TO, O		NSEQUENCE O										
CREMATION, OR REMOVAL			if any, which													
×			ta immediate ting the under-		R AS A CON	NSEQUENCE O	F									
		lying cause l														
	1 9	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT REL	ATED TO THE TERMI	NAL DISEASE O	OR CONDITION	GIVEN IN PART	1 (a)						
	Z						THE DISEASE O		OHEN IN TAKE							
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		AT WORK	T WORK													
		22a. I certify t		ge of the remains d	escribed abo	ove, held on	Autopsy	<u>_</u> KJ.	Inspection	L.	Inquiry	□	and in my	y apinian		
		death resulted t	rem: Notu	ral causes XI,	Accident	L, Suid	ide,	Hamici	de 🔲	Undete	rmined m	onner _	_].			
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		UNERAL DIRECTO		ADDRE	SS				50. DATE RE			AR Z	EGISTRAIL	SSIGNA	as Clan	
	V	Villiam C	. March	n F/H 110	1 E. I	North A	venue	2	APR	5	1982	MA	aur D			



FOR - STATE REGISTRAR DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO.

20 DATE OF DEATH

126 KIND OF BUSINESS OR INDUSTRY

YEAR

82

IE UNDER I YEAR

2b. HOUR

IF UNDER 24 HRS

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

NOF

STATE

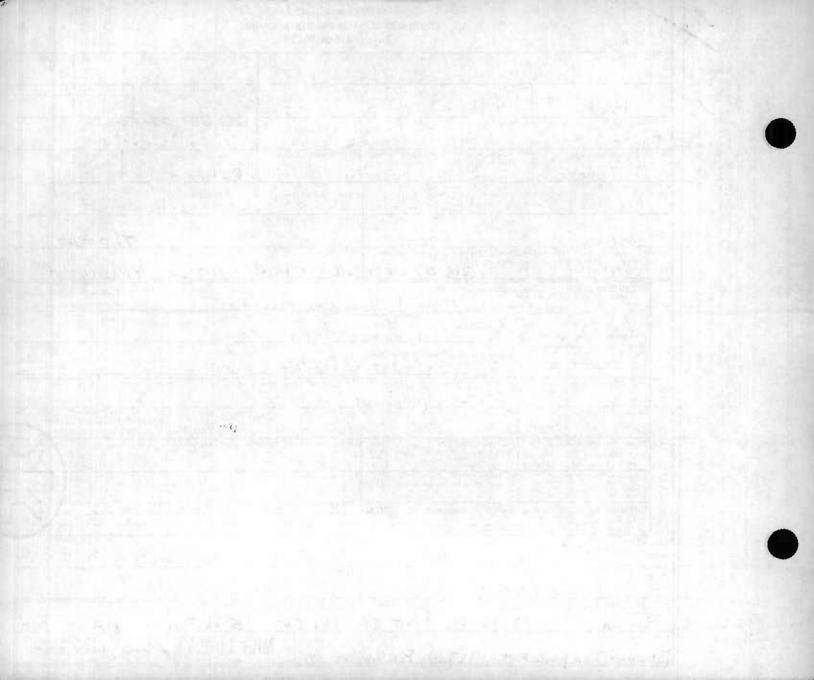
82

22c. DATE SIGNED

COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR 1913 WI



Reisterstown, Md.

- STATE

24 FUNERAL DIRECTOR

Marzullo Funeral Service

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO 74

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deal cellificate be executed within 24 hours after retained by the haspital or ottending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in the interval.
TO FUNERAL DIRECTOR. After this certificate has been signed by the oftending physicion and completely filled in Day 11.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2g. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 3-22-82 Jeffrey 2:43PM Allen Lyons 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 14 1967 Male White 15 In BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland U.S.A. WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR John Hopkins Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Student USUAL RESIDENCE (# NUR 10 1 E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3006 Dunleer Road Maryland Dundalk NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frazier Patricia Roger Lyons, II A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 3006 Dunleer Rd. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto., MD.21222 No Roger Lyons, II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO I 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) PM MEDICA 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STATE WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN 22d PHYSICIAN S NAME PYPE OR PRINT) 22e ADDRESS umo 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73b. DATE 23d LOCATION CITY OF TOWN 3/26/1982 Burial Oak Lawn Baltimore Maryland Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Dundalk, MD. 21222

DHMH - 16 50M 1/81 (VRA 15, 4)

7922 Wise Avenue

THE RESERVE OF THE PROPERTY OF THE PARTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO AA ID DUE 20 DATE OF DEATH 7h HOUR Virginia Mace 3 28 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MRS 68 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 17h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Homemaker 13e STREET ADDRESS 10768 York Road MIDDLE Lloyd ADDRIS035 Beaver iam Rd 219-057-073 Wanda L. Goldberg, Cockeysville, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 70h. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE tool opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Lemmon-Mitchell-Wiedefeld 10 W. Padonia RdAP

FOR

REGISTRAR

Audrev

DECEASED NAME

- STATE

TYPE OR PRINT

Catonsville Balto, Md.

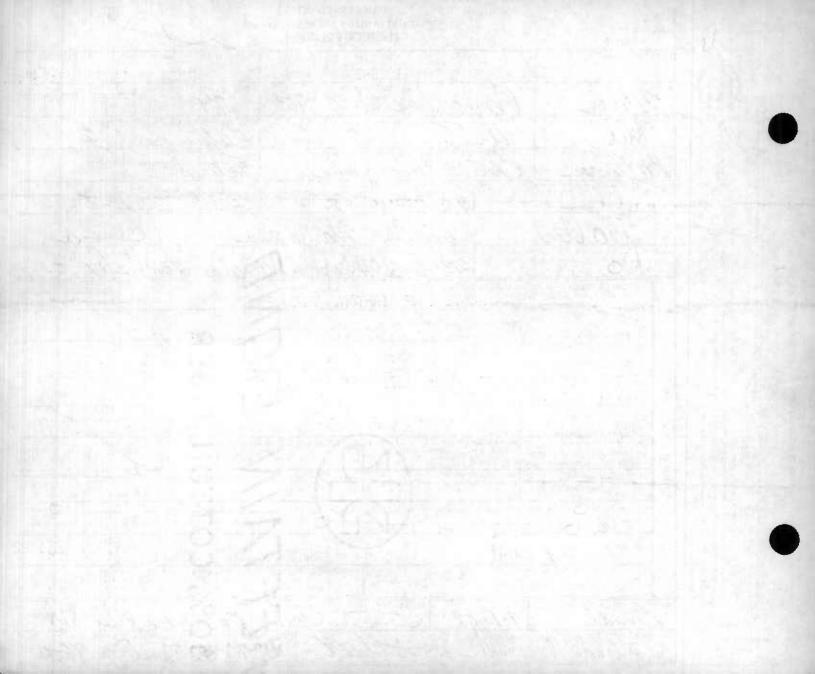
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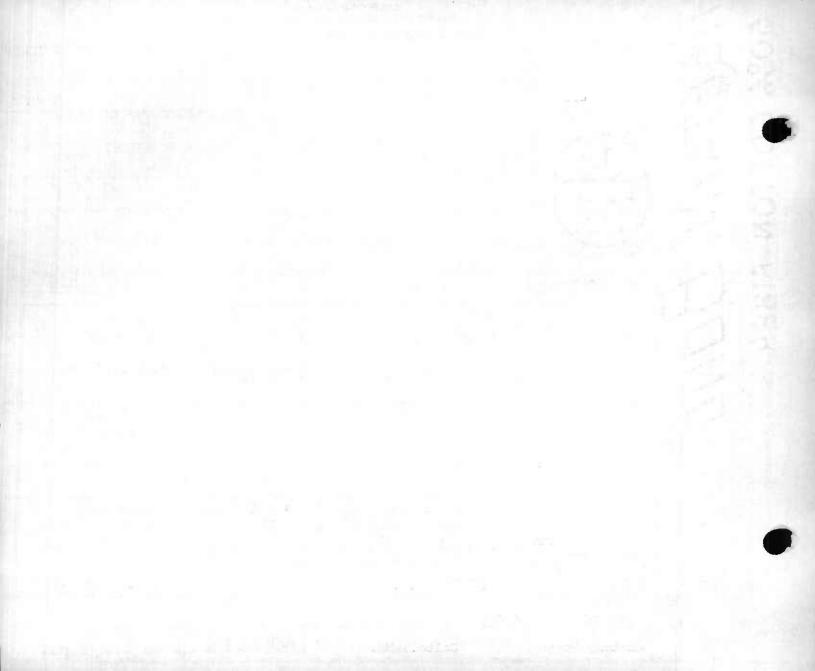
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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多(報題)	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR 6. A	GE (IN YEARS IF	UNDER TYR. IF UN	DER 24 HRS. 2c.	DATE	MONTH DA	AY YEAR	2d HOUR
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DD. 21201 2. AND 310 THE FU. 3. RETAIN PAGE 5. 2 SHOULD BE FILED. AL RECORDS, 201 W	13a. S	MD	13b. COUN		13c. CITY OR T	imore	13d INSIDE CITY LIMIT		^{ADDRESS} R iggs Ave r	מוום		
E, MD. ATH. IF S1, 2, ND 2 S1, 2, ND 2 S1	14. F	ATHER'S NAME		MIDDLE		THIO! C	15. MOTHER'S M.		MIDDLE	iue	LAST	
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ATE, ORW ORW HE ST JD, 2		22a. I certif	y that I took chorg	ge of the remains de	scribed above, h	eld on Au	topsy , Inspe	ection XX. Ir	iquiry , and	In my opinior	1	
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ATH ATH	-	SIGNATURE.	TK	Jun	No		M.D. ASSIST	MEDICAL	EXAMINER	DATE SIGNED	3/2:	2/02
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PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a. B		TION, REMOVAL				OR CREMATORY	23d. LOCAT				
/ ^ ¬ BP	1	Remo		4/2/82	3 1			CITY OR TO	WN	COUNTY	STA	TE
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STATE OF MARYLAND

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	1 -	STATE REGISTRAR			VERAKI		FICATE OF DEATH	REG. I	NO.			
		CEASED NAME OR PRINT)	THOMA		X.		ACK	20 DATE OF DEATH		DAY YEA	2 26	HOUR
	3. SE	Male		4 RACE White	e	5. DATE O	DF BIRTH . 18 1927 EAR	6 AGE (IN YEARS LAST 8		IF UNDER LY		NDER 24 HRS URS MIN.
3		RTHPLACE (STATE COUNTRY)	OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRI		8	NEVER MARRIED . 9. BALTIMORE CITY OF COUNTY OF BALTIMORE CITY			TY OF DEATH		MC	
(3)		TY OR TOWN OF I	DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HOPKINS	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	OF WORKING	GLIFEL INDUST		SINESS OR
1	13a S	AL RESIDENCE (IF N. TATE Md.	134 COUN	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE TINKS OUT		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4503 Le	Mans	Court		
0		Thomas			Corkquind		15. MOTHER'S MAIDEN NAME FIRST	WIDDLE		bbyn	LAST	
2		VAS DECEASED EVER IN U.S. ARMED FORCES? VES, NO OR UNKNOWN) VES 1950–1951 1950–1951 1950–1951				Mrs. Charlot	te E. Mack		nksbur	g, M	d.	
	NO	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
,	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPER			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?				
	MEDICAL CER	OR CONTRIBUTING	ENT WAS UNDERLYING 21b, TIME OF INJURY HOUR A.M. MONTH DAY YI NOTIFY MEDICAL EXAMINER; P.M. YOCCURRED 21e PLACE OF INJURY			AY YEAR	276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
WED	ME								COUNTY	that	STATE	
		sow the deceased alive an 3/20 19 and that in (my) (our) opinion death occurred on the date and hour and from abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. II 22d. PHYSICIAN'S NAME (TYPE OR PRINT)							nour and fram	the cause	es stated	
1		URIAL, CREMATIO		23b. DATE Mar. 23	23€. №		EMETERY OR CREMATORY The Bible Churc	h Finksb	ire.	Md.connta		STATE
1	24 FU	NERAL DIRECTOR				1		E_REC'D. BY REGISTRAI			LATURE	

DHMH - 16 50M 1/81 (VRA 15, 4)

Eline Funeral Home Reisterstown, Md. 21136

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William C. March F/H 1101 E. North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)

THE STATE OF STATE STREET STREET SAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

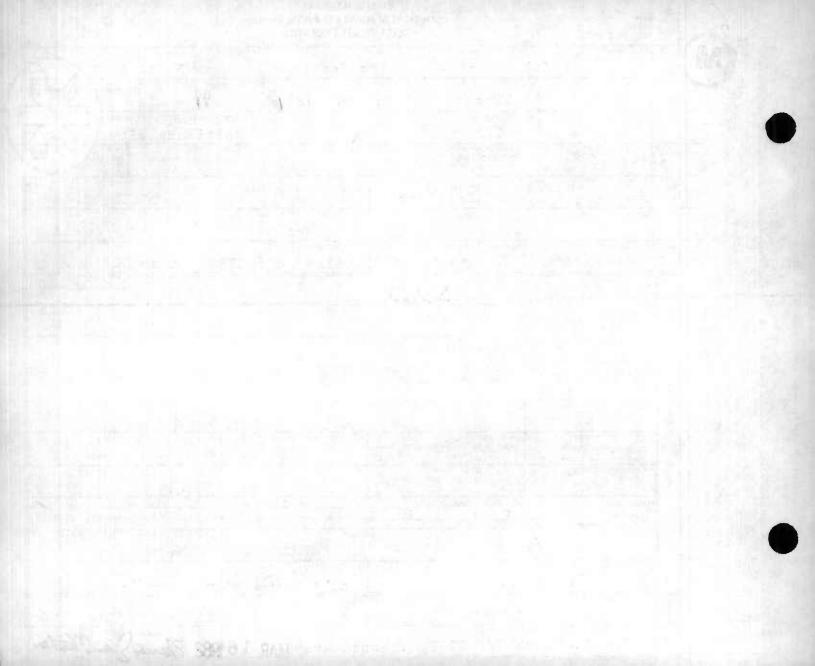
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

į.		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
1		CEASED NAME FIRST	_	DDLE		laddox	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
j			Edith L.				3		1982	٨	
	3. SE	female	blac:	k	S. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN	
5		RTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WI	HAT COUNTRY?		D LI NEVER MARRIED L	Baltimore city of Baltimo	RCOUNTY		MC	
0		altimore	11. NAME OF HO	cedare	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST CO	ON	12b. KIND O	F BUSINESS OR	
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Md	₹TY	ve residence befor 34. CITY OR TOV Baltime	VN	134 INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 3403 Ce	darda	le Rd		
C	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM PREST Matilda	MIDDLE		Lewis		
7		VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	66 SOCIAL SECU		17 INFORMANT	ADDRE				
7		No	2	219-30-	-4717	Evelyn McCo	oy 3403 C	edard	ale R	d.	
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}	CERTIFICATION	190. DATE OF OPERATION	196 CONDITE	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER		MONTH D	AY YEAR	21c HOW INJURY OCCURRE					
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		27a.1 certify that (1) (this happened sow the deceased alive above, (1) (west held (did	10-14	19	81 on	d that in (my) (auch opinion de	, to eath accurred on the do			hat (I) (well ast ouses stated	
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							224. DATE S	IGNED	
		22d. PHYSICIAN'S NAME (TYPE O				3640 FOED	1 LANE	2121	5		
	23a B	Burial Burial	3/18/8			emetery or crematory demorial Pk.	23d LOCATION CITY OR TOWN Baltimo	re	CO.	MD	

DHMH - 16 50M 1/81 (VRA 15, 4)

⁷⁴ FUNERAL DIRECTOR
Wil[™]iam C. March F/H 110 to E. North Ave



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 th with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

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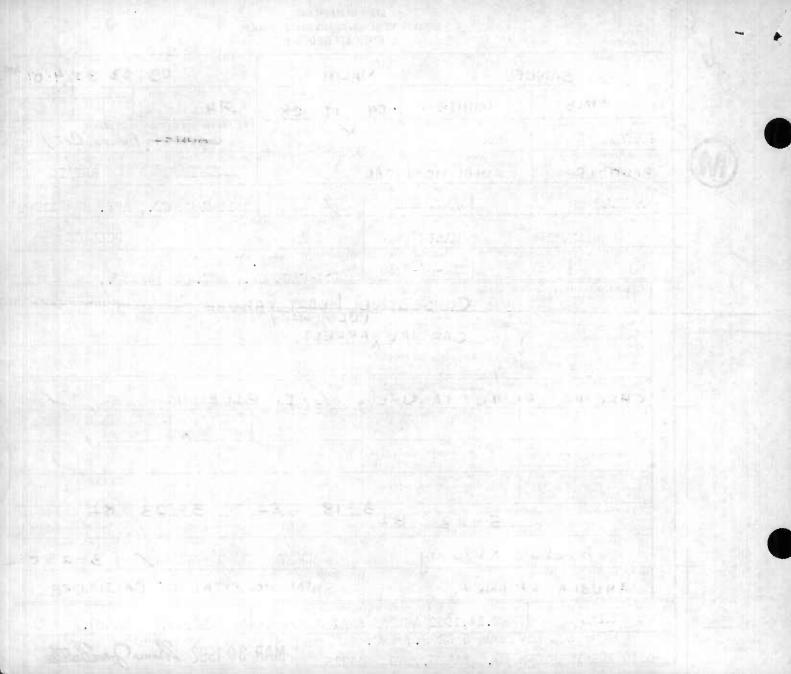
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR				CERTII	FICATE OF DEA	TH	REG	NO		
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3. SE	Х		4 RACE		5. DATE (OF BIRTH	YEAR	6. AGE (IN YEARS LAST		MONTHS DATS	
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	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARE	RIED 🔀	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	taly	4 1	U.S		WIDOW	ED DIVOR	CED 🗌	Baltimo	ce Cit	V	MD.
Jii. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTITUT	ION	12a. USUAL OCCUP.			OF BUSINESS OR
	altimore					poration		Steel Wo			h. Steel
13a.	AL RESIDENCE (IF NUR STATE	THE COUN	TY INSTITUTION	13c. CITY OR TO		134. INSIDE CITY L	IMITS?	13e STREET ADDRES	SS		
	aryland	Balti	imore	Dunda	lk		X	248 Pata	apsco	Avenue	
14. F/	ATHER'S NAME FIRST	N	AIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	ME		L/	AST
	Donato			Maioc		Mary	7				telli
	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADI	DRESS 182	5 Walnu	t Ave.
	No			213-09-	0544	Michael	Maio	cco	Bal		MD 21222
	18 CAUSE OF DEAT	H (Enter only					5391			BETWEEN	NONSET AND DEATH
	PART I. DEATH WAS CAUSE (b) ACUTE PULMONARY OEDEME										
	17/39			R AS A CONSEQU				R M NSFUSION	I REAC	TION	
	Conditions, if any gove rise to im	, which	(b)B]	IFACICULA	AR, HE	ART BLOCK				TO P	
	couse (a), statu	ng the	1 -	R AS A CONSEQU							
						TOTAL HI					
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ANGINA PECTORIS										
CERTIFICATION	ANGI			ITION FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	206 IE V	ES, WERE FIND	INICS LISED
IFIC						NY WASTERIORME			IN CER	TIFYING CAUSE	S OF DEATH?
ERT	210. ACCIDENT WAS UN	DERLYING	21b. TIME O	EOARTHRIT	115	121c HOW INJURY	OCCURR	YES NOTER NATURE OF I		YES DARK I OR BART 31	NO [
	OR CONTRIBUTING			M. MONTH D			0000	LE TENTER NATURE OF II	TORN IN TIEM I	o rani i Okraniz)	
EDICAL	21d INJURY OCCUR		21e PLACE (19	211. LOCATION					
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	220.1 certify that (I)		ol) ottended the	e deceased from	MARC	H 6	82	MARCE	20	10 82	, that (1) (we) lost
	220.1 certify that (1) sow the deceas above, (1) (we) j.	ed alive on_	MARCH	1 20 19	07			death occurred on the			, and the first
	22b. SIGNATURE	did) (did not	view the body	ofter death		DEBREE		A 11 4 1 1 1			E SIGNED
		000	Dal	1	fare		NDING ICIAN	MEDICAL S'	TAFF		
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)	7	-	22e ADDRESS					
	SOMPA	III S	S.K. PRA	ASAD MI	1	100 N D		RCH HOME C		MD. O	1001
23a.	BURIAL, CREMATION,					1100 N. B	ROAD	123d, LOCATION	TMUKE	. MD: 2	1231
	(SPECIFY)							CITY OR TOWN		COUNTY	STATE
24 F	Burial UNERAL DIRECTOR	Duda-I	3/24/Ruck, I		st. St	anislaus	250 DATE	Baltimo REC'D. BY REGISTRA			ryland
			-	ndalk, MI	D 212	222	M/	AR 29 1982	1/6.	mu Que	Marthon
	1944 WIS	e Aver	iue, Dui	ndalk, M	0 414	. 4 4	0100	111 10 0 1001	-	(A)	The second

DHMH - 16 50M 1/B1 (VRA 15, 4)

6	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYL EALTH AND ICATE OF E	MENTAL HYG	IENE 3 4	0 (5 5	9 1
		CEASED NAME FIRST	WIDDLE	U	AST		20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
y be		SAMI	UEL .	. M	ALIN.			03 23	82	4.07 4
age 4 mo rector, po urs after o	3. St	IMALE.	WHITE .	5 DATE O	F BIRTH	1907 YEAR	6 AGE (IN YEARS LAST BIR	YRS.		UNDER 24 HRS OURS MIN.
de oth. P		IRTHPLACE (STATE OR FOREIGN MARY LAND	76. CITIZEN OF WHAT COUNT USA	WIDOWE		VORCED	9 BALTIMORE CITY O	RCOUNTY OF	-	77 MD.
201	2	BALTIMORE.		SPITAL	R OTHER INS	TITUTION	126 USUAL OCCUPATION OF MERCHAN		RETA	USINESS OR
in 24 ho y filled should b	130	AL RESIDENCE (IF NURSING HOME OF STATE MARYLAND	NTY BALTIM	ORE	13d. INSIDE C		13e STREET ADDRESS 2611 GAGE	CT., AP	Г. В	#21209
ompletel)	BENJAMIN	MALIN			S MAIDEN NAA D <mark>A</mark>	AE MIDDLE	P	OLLACK	
cate be executed within 24 apsicon and completely filler opers. Pages 1 and 2 should wol.	160	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS VE WAR OR DATES) 215-07		17 INFORMA 2611	MRS	. FLORENCE		MD	21209
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certific a attending physician. Wether this certificate has been signed by the ottending phas the burial-transit permit. Then please remove carbon phas and Mental Hygiene prior to burial, cremation, or remonded or them 18 shows any injury, or other traumatic every and them 18 shows any injury, or other traumatic every minutes.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE	OUENCE OF	VLMC IRRES	T.			PART I(a)	
AL RECC	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION			200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
HYSICIAN: Trading physicians certificate by brightnansi I Mentol Hygi or them 18 sh	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR			D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	PR PART 2)	
DIVISION ING PHY r attentis as the bu ith and M arked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC)	211 LOCATIC STREET)N	CITY OR TOY	in c	OUNTY	STATE
ATTEND aspitol or CCTOR: A for use of Hool		22a I certify that (I) (this haspit saw the deceosed olive an above, (I) (we) (did) (did no	tal) attended the deceased fro 3 - 23 t) view the body after death.	G- (5)	that in (my)	_, 19 <u>82</u> (aur) opinion d	, to			(I) (we) last ses stated
ITAL OR A by the hos RAL DIREC detoched detoched tote Dept.		226. SIGNATURE Arusho	/	D	F		MEDICAL STAF		3-2	
TO HOSPITAL efound by the TO FUNERAL should be det with the Store		ANUSHA 1			22e ADDRESS		OSPITAL .C	FBAL	TIMOR	£.
73 (BP		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	MAR.24,1982	AGUDAS	METERY OR C	REMATORY	23d LOCATION CITY OR TOWN DGE ROSEDA	LE BÃ	ĽŤO.	MD ^e
DHMH - 16 50M 1/B1 (VRA 15, 4)		INERAL DIRECTOR SOL L NAME 6010 REISTERSTO	EVINSON & BROS	., INC.	21215		REC'D. BY REGISTRAR	hame O	SIGNATURE	The state of the s



DHMH - 16 50M 1/B1 (VRA 15, 4) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

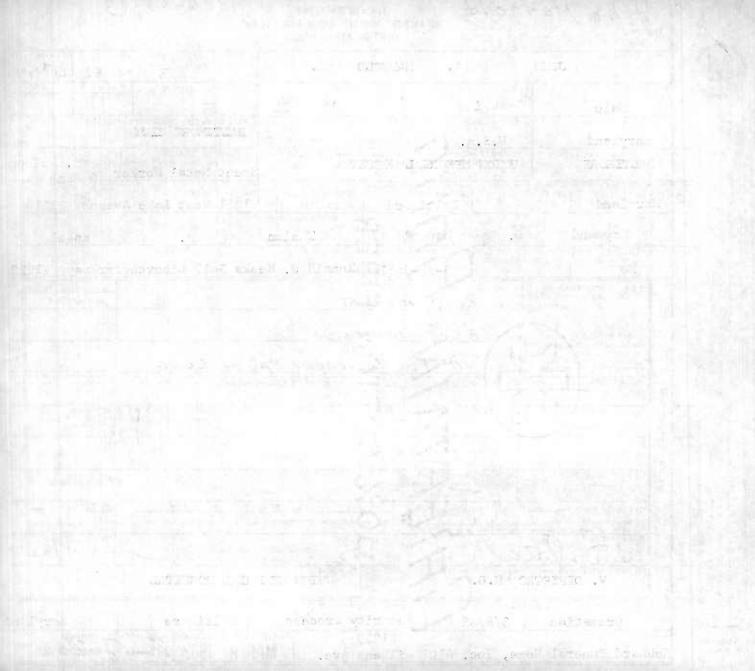
	REGISTRAR	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
KO	1. DECEASED NAME FIRST (TYPE OR PRINT) Marga		DDLE M	alst	rom	March 15,		DAY Y	EAR	2b. HOU	JR AA	
	Female	4 RACE White		Sep	DF BIRTH 18,1895 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS	
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.		WIDOW		9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City				ATH MD.		
)	10. CITY OR TOWN OF DEATH Baltimore	3100 W	FACILITY, GIVE STREET AS hite Ave	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif		FE) 12b. K		BUSINE	SSOR	
1/	USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CC Maryland		IVE RESIDENCE BEFORE A 13c CITY OR TOWN Baltimor	1	13d. INSIDE CITY LIMITS?	13e SIREET ADDRESS 3100 Whit	e Ave					
0	14. FATHER'S NAME FIRST Thomas		Lacey		IS. MOTHER'S MAIDEN NAM	WIDDIE		Draye	e r last			
	160 WAS DECEASED EVER IN U.S. 145, NOOR UNKNOWN) (1F YES,	ARMED FORCES? I	6b SOCIAL SECUR 212-22-2		Miss Frances	Malstrom	ESS	Sa.	me			
1	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF									BETWEEN ONSET AND DEATH 2 4 MJ		
	Conditions, if one, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUEN		+ CIMONIC NO				2	YION	ıs_	
2	PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		DATRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			200 AUTOPSY?	S, WERE F	, WERE FINDINGS USED YING CAUSES OF DEATH?				
-	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED	DEATH HOUR A.M. NER) P.M. 21e. PLACE OI	MONTH DAY	19	21c. HOW INJURY OCCURR 211. LOCATION STREET	YES NO DE LED (ENTER NATURE OF INJU		_		NO [STAIE	
2	220. I certify that this has sow the decrease of the above the above the decrease of the above the above the decrease of the above the decrease of the above the decrease of the above the above the decrease of	no view the body of	19 8	2,01	nd that in (n) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS 9712 Belair 1	MEDICAL STAL DIRECTOR PHYSIC	FF IAN 🗌	22ς.		hat (1) (vouses storing NED	we) last	
	230 BURIAL, CREMATION, REMOV. (SPECIFY) Burial	AL 236 DATE 3/18/			EMETERY OR CREMATORY re Nat'l	23d. LOCATION CITY OR TOWN Baltimo		COUNTY	bne	S	TAIE	
	24 FUNERAL DIRECTOR Leonard J. Ru				25a. DATE		25b REGIST	R R SIC		Kath	en	

Li Control a distributant A LIT & CARDING MECHAEL PROPERTY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2s DATE OF DEATH LAURA MANDETI ETYPE OR PRINTE BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED SALTIMORE 126 KIND OF BUSINESS OR PHYSTCAL STHERAPTS TOUSTR'MEDICINE ANNER COURT 17 INFORMANT OXXXXX NO TANNER CT. BALTO., MD 21208 18 CAUSE OF DEATH (Enter only one couse per line ACIDOSIS PART I. DEATH WAS CAUSED BY METABOLIC Conditions, if ony, which gove rise to immediate couse to, stoting the ACCUTE NON-LYMPHOLYTIC LEUKEMIA underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STATE NOT WHILE 22a. I certify that (this hospital) attended the d saw, the deceased alive on_ and that in (my) approximate death accurred on the date and hour and from the causes stated w the body ofter death DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL MAR.17,1982 RANDALLSTOWN BETH EL MEM. PARK SUL LEVINSON & BROS., INC. SISTRAR S GNATO 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO., MD 21215

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	TILTIA GASSAN	A FRANCE VINCE
15. J. Bushing &		NEW YORK + BL
	F. OF THE WARES	
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	Cara-11. 52	202
13 Trees 140	LANGE WALLESTAN	
W/W/	We-137	
	NE CLE VOV CALLER	

1 /	John Mangold STATE OF MARYLAND 380-55-23 DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 0 0 0
3. 20	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
:(M)	1. DECEASED NAME FIRST MIDDLE LAST JOHN A. MANGOLD SR. 20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR 82 430PM
	Molo White Only YEAR AND WONT	NDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
A Page	Ja BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED SATURDING COUNTRY) 9 BALTIMORE CITY OR COUNTRY? 8 MARRIED NEVER MARRIED SATURDING COUNTRY?	DEATH
4 4 44	Maryland U.S.A. WIDOWED □ DNORCED 10 CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 179EOF WORK FOR MOST OF WORKING LIFE) 180EOF WORK FOR MOST OF	
NO 2120 24 hours hilled in by ould be fill	Sheet Metal Worker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c. STREET ADDRESS 1221 West Lake Av	W JOHN
d aithm	Raymond D. Mangold Thelma R.	Engel
MOSE, I	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 100. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 215-30-5471 Ronald J. Weeks 3417 Liberth P.	
ADS, 201 W. PRESTON ST., BALL equires that the death certificate signed by the attending physics. Then please remove sortion-poper to bursol, certification is removal nivry, or other traummatic event, the nivry, or other	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESQ. ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN III	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MAD NOTHS N PART 1(0)
ECO mut. prior		ERE FINDINGS USED G CAUSES OF DEATH? NO
NOF VI	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	OR PART 2)
DIVISION OF DING PHYSICIA or attending pla After this certif e os the burial-t olih and Mental marked or frem	AT WORK AT WORK	COUNTY STATE
HOSPITAL OR ATTENDING by the hospital or the hospital or the hospital or the form of the hospital or the state Dept. of Heal over the hospital over the hosp	270 certify that (1) (the baseled) attended the deceased from saw the deceased alive on saw the deceased from saw th	8 E., that (I) (we) last d from the couses stated 22c. DATE SIGNED 3/4/82
2000	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN CITY OR TOWN Baltimore	Maryland
DHMH-16 30M 2/80 (VRA 15, 4)	Cremation 3/8/82 Security Process Baltimore Process Baltimore Process Baltimore 21229 Process Baltimore 21229 Process Baltimore WAR 8 1982 Process Process Baltimore Process Baltimore Process Baltimore	



IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND

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FOR STATE REGISTRAR		IEALTH AND MENTAL HYG	IENE GREG. NO.	00001						
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR						
MARGARET	M. MANNING			3 15 82 7.21 pm						
3. SEX	4 RACE 5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTH	- M						
Female	White Dec."	27 1906	75	MONTHS DAYS HOURS MIN.						
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	-1 -2,00	9 BALTIMORE CITY OR	COUNTY OF DEATH						
Scotland	USA MARIE		BALTIMORE							
BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL HOS UNION MEMORIAL HOS	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V							
SUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU Mary Land	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNTY 134 CITY OR TOWN Baltimore	138 INSIDE CITY LIMITS?	13. STREET ADDRESS 81	th St.						
14. FATHER'S NAME		15. MOTHER'S MAIDEN NAM	ME							
Anthony	Anzulis	Veronica	MIDDLE	Pajuuas						
160. WAS DECEASED EVER IN U.S. A		17 INFORMANT	ADDRES:							
(YES NO OR UNKNOWN) (IF YES, G	= 218-22-2118	Mrs. Margaret	Wallace 510	06 Fredwall Ave.						
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	gove rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF									
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINE TIG. INJURY OCCURRED WHILE NOT WHILE ALWORK		21t. HOW INJURY OCCURR 21t. LOCATION STREET	YES NO YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE							
	John, ms	DEGREE ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 3-15-82 100 S PZTB-						
230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	L 23b. DATE 23t NAME OF C	EMETERY OR CREMATORY Mem. Park	23d LOCATION CITY OR TOWN Baltimore	Md COUNTY STATE						

A.Alan Seitz, Jr. Funeral Home 3818 Roland Ave. 1982

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

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Hallace 5105 Foodball Tre.	torugram .a		10	0.7
All mentales				

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF HEA	FMARYLAND .TH AND MENTAL HY ATE OF DEATH	GIENE (REG. NO	0	6 5	0 3
7		CEASED NAME OR PRINT)	FIRST		P	R	MARAND	20. DATE O	FDEATH	3 22	82 2	9:15A
	3 SE	h/		RACE		5 DATE OF B	IRTH 214 215	6. AGE IIN	YEARS LAST BIRT	MON YRS		HOURS MIN.
85	(RTHPLACE (STATE OF		CITIZEN OF W	>	WIDOWED [BALT		ITT	M
3]		BALL C	itt	HE NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	THER INSTITUTION		OCCUPATION FOR MOST OF		SIEL	BUSINESS OR
35	130 5	THER'S NAME	HI3L COUNT	Υ 1	St CITY OR TOW	VN 130	I INSIDE CITY LIMITS?	13e. STREET	ADDRESS L	BALTIM	ORE	57
)\$30		SAM /AS DECEASED EVE	MI	ARAN	6b SOCIAL SECU		MOTHER'S MAIDEN N	B	AS /	٨	LAST	
Z medic		ES NO OR UNKNOWN		WAR OR DATES)		2619	KATHERI	N M	ARA		of	BOVE
rinjury, ar other troumotic e	TION		mediate ng the e last.	DUE TO, OR. 16) 16) 17 17 17 17 17 17 17 1		ENCE OF	T RELATED TO THE TER	MINAL DISEAS	E OR COND	ITION GIVEN	N PART Ito	
2 Swon	CERTIFICATION	190 DATE OF OPERA	THON	196 CONDITI	on for which	OPERATION V	AS PERFORMED	200 AUTO	DPSY?	20b. IF YES, W IN CERTIFYING YES	G CAUSES O	
ed or hem 18 s	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEATH	P.M.	MONTH D	19 21	CHOW INJURY OCCU	RRED (ENTERNA	CITY OR TOW		OR PART 2)	STATE
If Item 21 is morker	A	WHIE NOT WAT WO 220.1 certify that (1) (this haspita	I) attended the	deceased from_	3 2	nat in (my) (aur) opiniar		3 22	te and hour an		
MPORTANT		22d. PHYSICIAN AN	(g)	Stahl 23b. DATE				OIRECTOR	PHYSICI ATION	april	2 3/2-	2(1)2
-		BUR BUR	IAL	3/25/	82 5.	ARDEN	OF FAIT	ATE REC'D, BY F	BAL	70,	M	STATE
/B1	-	NAME	WEL	Li	300	MACI	MA		VOD 4	unces S	sen la	then

STATE OF MARYLAND

The state of the s

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fined entire 7 to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE	OF MA	RYLAND
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T	1	FOR	DEPART	WENT OF H	EALTH AND MENTAL HYG	IENE 🔾 💪	C)) 0	0 4
	1.	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. N			
	1. DF	CEASED PRIME FROM	MIDDLE	A	int	20 DATE OF DEATH	MONTH DAY	YEAR 2h H	HOUR
		E OR PRIM		111.	1 10	ZE DATE OF DEATH	NA- 1 10		a m A
3		Marles		Ma	shall		Inbuga 1.1	82 1	100 AM
	1,58	X / /	RACE O /	S. MATE O		6. AGE (IN YEARS LAST BE			NDER 24 HRS
	11	101	Black	MODELL	19 61	CIT	MONTH	DAYS HOU	JRS MIN.
	20	RTHPLACE IN ATE ON FORE ON 1	b CITIZEN OF WHAT COUNTRY?	. 0	05 76	A DALTIMODE CITY O	YRS.	EATH	
00	prii. O	conflict /	B CITIZEN OF WHAT COUNTRY!	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	COUNTY OF L	EAIN	
5		Wali	(1121	WIDOWE	D DIVORCED	1000140	· all	e,	MD.
11	10. C	TY DETOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUS	SINESS OR
16		Dall.	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	and del	(TYPE OF WORK FOR MOST	DEWORKING LIFE) IN	DUSTRY	
14	USU	AL RESIDENCE (IF NURSING HOME OF C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	1.10	12/1421	LA GIRER		None	
3	13a S	IAL COUNT	I3L_CITY OR TOW		66. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 . 1	1	
50	1	Id,	Pily		YES NO	21.24 1/2	March	Ald 1	
	14. FA	ATHER'S NAME		- 100	15. MOTHER'S MAIDEN NAM	ME	1		
90		FIRST	TOOLE		FIRST	MIDDLE	//	LAST	
10						6			
		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) LIE YES, GIVE	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
	,		705095.	25-1	(hast				
		10 CALICE OF DEATH (C	To so the second					APPROXIMATE T	INTERVAL
		PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and BY:		PIRATORY	ARREST	-	BETWEEN ONSET	AND DEATH
2		IMMEDIATE							
210									
5		Conditions, if any, which	Land Comment						
	393	gove rise to immediate)						
1		couse (a), stating the underlying cause fost.	DUE TO, OR AS A CONSEQUE		0.00	DOTATE .	175		
5			(ca	RCINO	MA OF PR	OSTATE .			
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Iron	
2	CERTIFICATION								
0	AT	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI	RE FINDINGS L	JSED
	F		Man and the second				IN CERTIFYING	CAUSES OF D	EATH?
7	R					YES NO	YES 🗌		0
n		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	RPART 2)	
4	A	(IF EITHER NOTIEY MEDICAL EXAMINER)	P.M.	19					
4	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TO	WN C	OUNTY	STATE
		AT WORK AT WORK							
	Ja 1	22a I certify that (I) (this bespite	ol) ottended the deceased from_	31	11 19 62	, to3	17 199	2 , that ((I) (we) lost
4		saw the deceased olive on	3 17 8 7 19	, on	d that in (my) (our opinion d	leath occurred on the d	ote and hour and	from the couse	s stated
		obove, (I) (we) (did) (did not) 22b. SIGNATURE	view the body after death.		DEGREE		1	22c. DATE SIGN	IED
		MA Sol	Ch _		ATTENDING	MEDICAL STA		M. DAIL SION	CO
1		0,-10,0	2		PHYSICIAN [DIRECTOR PHYSIC	IAN		
		22d. PHYSICIAN'S NAME	guarri v		22e. ADDRESS	THERN H	aspITOP L		
		N.C. F	+CHOK		730 Asb	ouston street		WADDEN	102121
-	0.0	111.2					161011	111114 11	wald
	230	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d LOCATION	COU	NTY	STATE
		Purial	3-70/85 /	Mt, 1	MYULUE	Balt	0.	T	Mdi
11	274	UNERAL DIRECTOR	5		25a. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	W.
	d	LAME DO UP	AODRESS AODRESS	2 11	1 -1 -1	MAR 18 198	7 Tourse	Van/	kerthen
		Maries Di 19	MK11 11- 210	11/130	proeded of	MINI TO BO	- Charres	0	

BP. DIMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicion.

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MPORTANT: If Hem 21 is morked or Item 18 shows ony

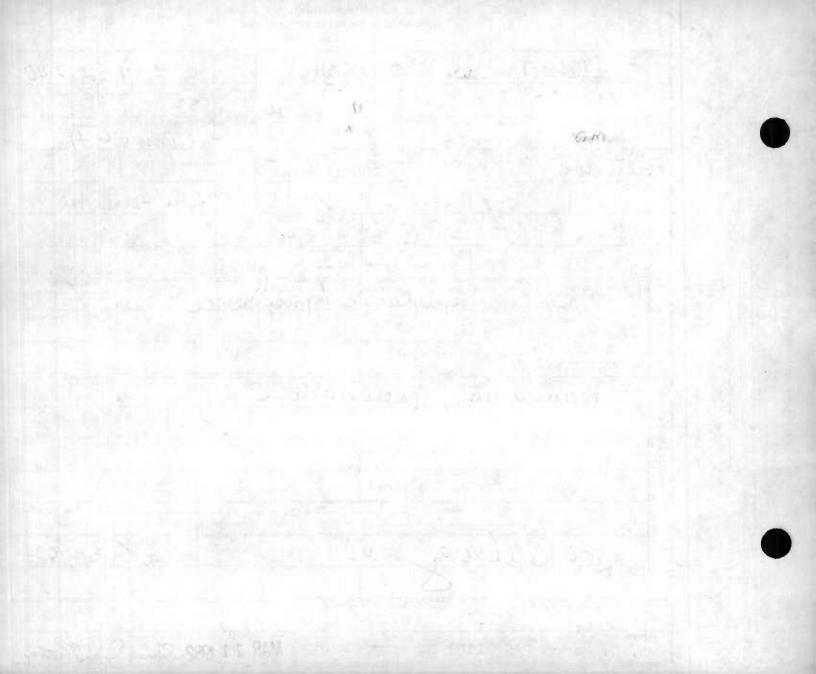
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	100	REGISTRAR		CERTITI	CATE OF DEATH	REG. N	0.	
		ORPRINT) Rubei	middle w.	mai	shall	20 DATE OF DEATH		22 2:40 M
	3. SE)	M	1 RACE 13	5 DATE OF	BIRTH DAY YEAR 26 26	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
		RTHPLACE ENTATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY C	IR COUNTY OF DEA	ely .
X	13	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OF		120 USUAL OCCUPATI TYPE OF WORK FOR MOST O		(IND OF BUSINESS OR
2	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN 130 COUN 130 COUN 130 COUN 130 COUN 130 COUNT 13	NTY 13c. CITY OF		13d INSIDECITY LIMITS? YES NO 1	13e STREET ADDRESS	+ Pelle	Arl
d			W. Marsha		. Katie	WIDDLE	Minor	LAST
	[Y	VAS DECEASED EVER IN U.S. AR. ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL	SECURITY NO.	Rita C. Ma	rshall 56		e Ave.
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	wollow	INAL DISEASE OR CON	20b. IF YES, WERE I	
	MEDICAL	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not 211.5 ICEN AT LIFE 22d PHYSE AN'S NAME (TYPE O	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, of tal) ottended the deceased for view the body after death.	19 OFFICE FARM, ETC.) from	216. HOW INJURY OCCURR 216. LOCATION STREET , 19 4 that in (my) (our) opinion described by the street of the st	CITY OR TO	own cour 19ate and hour and fro	NTY STATE
	24 FU	URIAL, CREMATION, REMOVAL Burial INERAL DIRECTOR NAME. March	3/13/82		METERY OR CREMATORY t'l Mem. Pk Aye. 250 DATE	Laure I Taure I		



FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 2.	06006
ECEASED NAME FIRST	MIDDLE	LAST	te sine or permit	ONTH DAY YEAR 76. HOUR
Bern	ard Joseph	Marszalek Sr	March 2	20, 1982 2°5 _M
Male	White	5. DATE OF BIRTH MONTH DAY July 12, 1912	6 AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Balt	county of DEATH Limore City, MD.
Baltimore /	DEATON ME	O. CENTER	17a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF V COnst. St	N (Ret 12) KIND OF BUSINESS OR NOUSTRY HOUSING
JAL RESIDENCE (IF NURSING HOME OR OF STATE IST COUNTY Maryland A.A ATHER'S NAME	13c CITY OR TOWN	1 13d. INSIDE CITY LIMITS?		rger Street
	Marszal	lek Mary	MIDDLE	Zieliński
WAS DECEASED EVER IN U.S. ARMI	VAR OR DATES)	T W	fe) ADDRESS erine W. Ma	Danc as II I
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. Lostin	ratory faile	Se	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4360 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE		6	
couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCELOF Brain Se	petrome	
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	YES NO	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
21d INJURY OCCURRED	21e. PLACE OF INJURY	21F LOCATION	CITY OR TOWN	COUNTY

sow the deceased alive on was the body of the dead obove, (I) two) (did) (did not) view the body of the dead 226 SIGNATURE

220.1 certify that (I) (this hospital) attended the deceased from

ATTENDING PHYSICIAN 77e ADDRESS

DEGREE

MEDICAL STAFF

230 BURHAL, CREMATION, REMOVAL 236 DATE

NOT WHILE

Burial

MD. Veterans Cem.

23d LOCATION

Crownsville, A.A., MD. Glen Burnie, 250 DATE REC'D. BY REGISTRAL

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

ne prior

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IMPORTANT: If them 21 is morked or Item

STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Male BIRTHPLACE ISTATE OR FORE Maryland 10 CITY OR TOWN OF DEATH **Baltimore**

SUAL RESIDENCE (IF NURSING Maryland 14 FATHER'S NAME FIRST Joseph

160 WAS DECEASED EVER IN I

1.5EX

Singleton Funeral Home

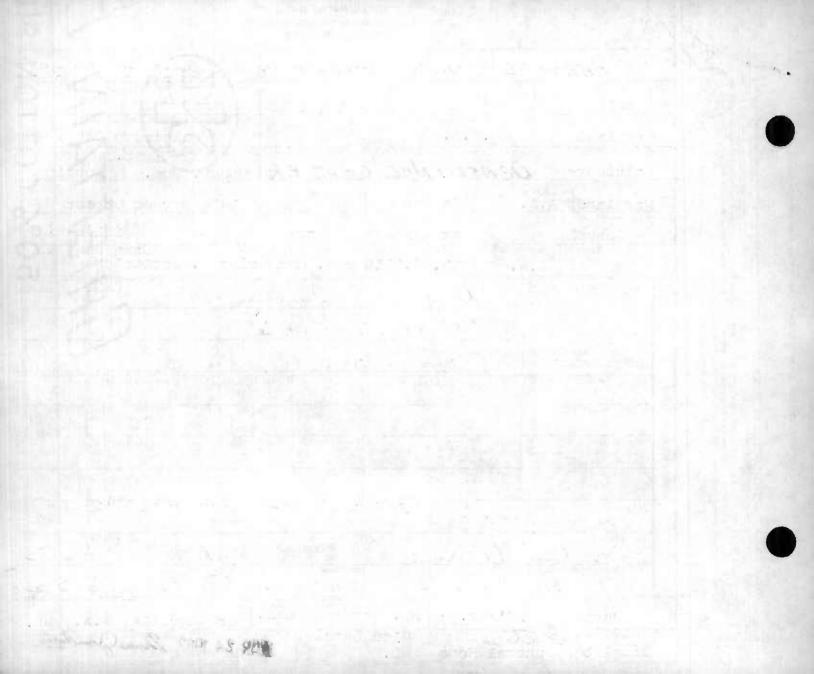
MD.

24'Mar.82

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Insurance Temes Butation INSUMPRICE 13e STREET ADDRESS 608 MAPLE VIEW DrivE KATHRINE LYdiA GOS Maple VIEW Drive BET fir marylan 2101 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 mins 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [NO X COUNTY MA CITY OR TOWN STATE MAR *2 22c DATE SIGNED ATTENDING MEDICAL 3/1/82 PHYSICIAN DIRECTOR PHYSICIAN HOPKINS HOPKINS JOHNS 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION ITY OR TOWN BELAIR MERCHAN GARDENS BEI Air, HArford Co, Maryland 21014 W. Broadway & Williams Sto 25a. DATE REC'D. BELLER, MARYLAND 21014 MAD

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) 82 Clayton 9:00 A CLARENCE MARTIN 3. SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR YEAR White MAIE 1933 TO BIRTHPLACE (STATE OF FOREIGN COUNTRY) TARLES 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S. A. Vergeria WIDOWED DIVORCED | BALTIMORE ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimon JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Harbord Co. Bel Air MARYANA 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE martin CHAMENCE FREIER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANWICE) 838 - 0250 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-30-157 YES - Army KOTEAN WAT Mrs Virgie MARIE MARTIN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiopulmonary IMMEDIATE CAUSE (o ademocarchons & the lung, much product Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION none 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NA 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTINUE LAUSE OF DEATH MEDICAL (IF EITHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME STREET ACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) this hospital attended the deceased from JAN MAR 11 19 82 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE DEGREE Z. Wilman MD 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS - WIDMAN

ENTOMBROOT JOSEPH WILLIAM TOSTE Soultoille Follow

230 BURIAL, CREMATION, REMOVAL

236 DATE

March 13 1982

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DHMH - 16 50M 1/81 (VRA 15, 4)

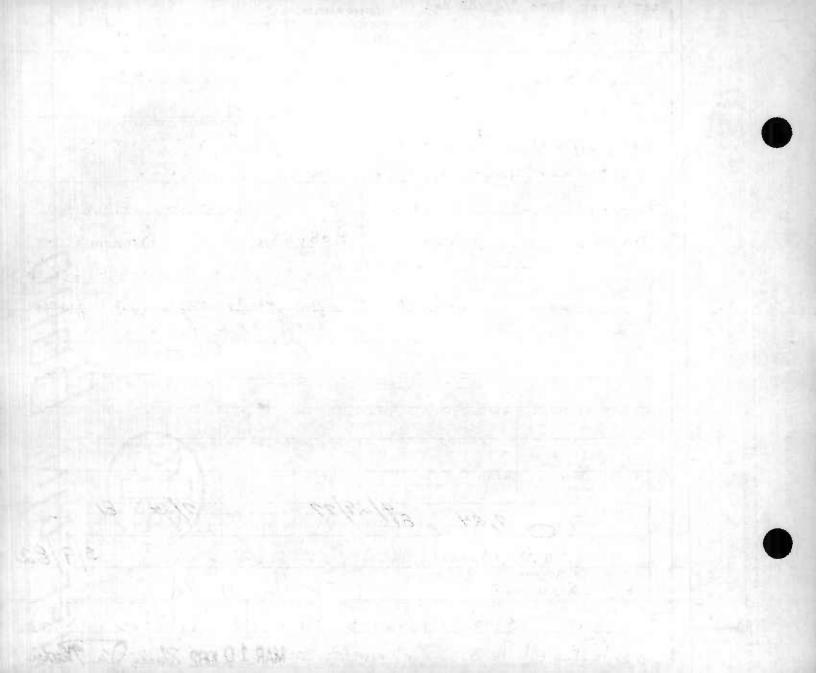
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		EASED NAME	FIRST	MED	ICAL EXAMIN	ER'S CERT	IFICATE		REG	G. NO.	DAY Y	EAR 25. HOUR
E 5 FOR YOUR FILE. 50. WITHIN 72 HOURS I W. PRESTON STREET,		OR PRINT)	ERNEST		Т.	MART	IN		OF ESTI-			82
ON OIL RE	n. SEX			DATE OF BIRTH		ARS IF UNDER 1	YR. IF UNDE		DATE IOUNCED DE AD	монтн	DAY	YEAR 2d. HOU!
35	M. BIF	THPLACE (STATE) FEIGH COUNTRY) ryland	OR I	U.S.A.	AT COUNTRY?	MARRIED X	NEVER MAR	RIED		re City	TY OF DEAT	
20	10. CI	y or town of I Balti			PITAL, NURSING HOME ILITY, GIVE STREET ADDRESS) 400 blk.			12a USUAL O	CCUPATION F WORKING LIFE	TYPE OF WORK	126 KIND C	BUSINESS USTRACTOR Div.
5	3a. ST		136 COUNTY		RESIDENCE BEFORE ADMISSE 13c CITY OR TOWN Baltimore		SIDE CITY LIMITS?		odress 1done	Road	21229	
1)	THER'S NAME FRST Ernest	T.	MIDDLE	Martin,	Sr.	other's Mail	DEN NAME	MIDDLE		Hagger Unkn	
	16a W (YE	AS DECEASED EV S, NO. OR UNKNOWN) YES	(IF YES, GIVE W.)	AR OR DATES)	216-12-647		ean P.	Martin		RESS Eldone	Road	21229
	N	gave rise cause (a) sta lying cause lo		(b) DUE TO, OR A	AS A CONSEQUENCE	OF	HOITIDN GIYEN IN	PART 1 (a),				
7	CERTIFICATION	19a DATE OF OP	ERATION	198 CONDITI	ON FOR WHICH OPER	ATION WAS PER	REORMED?				20 AUTO	
3	CAL CERT	210 EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M.	MONTH DAY YEAR	2 ic. HOW IN.	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN IT	EM 18 PART 1 OR P		
	MEDICAL	21d. INJURY OCC WHILE NORK AT WORK			FINJURY (ATHOME, DRY, FARM, ETC.)	211. LOCATIO STREET	N	CITY	OR TOWN	cc	YIMUC	STATE
		22a. I certify th death resulted for ACTUAL SIGNATURE		TV1	ribed above, held on Accident , Su	TIT	Inspect Inspec	Undetermine		ond in my o	3-1	1-82
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Ballinoke, Makturio, 21201 Prick to Bokid, Cremation, Or removal.		EXAMINER'S NA/ (TYPE OR PRINT)	Ann	M. Dixon,	M.D.	ADDRE		1 Penn S		alto.,	Md. 2	1201

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</th <th>It</th> <th>em 4 per phone 3/23/82 dad STATE OF MARYLAND</th>	It	em 4 per phone 3/23/82 dad STATE OF MARYLAND
4	1,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O Z U O O U Y
	1.	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO
/		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
1 71 /	(TYPE	John 14 Mason Mars. 1982 M
10 10	3 SE	X S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1000		DICO Black SH JS OI 8) YRS. MONTHS DAYS HOURS MIN
4 (34)	70 B	IRTHRIAGE STATE OR CORPORATE TO CITATEN OF WHAT COUNTRY &
新州外 安心	N	owth Carolina USa Widowed Divorced Datimore
7	10 C	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSING OR
E # 11 00	1	3 altinore 1042 Cold Springha Minister Industry
MARYLAND 2120 ed within 24 hours mpletery filling in tra cond 2 mounds the fill exominer must be exominer	JUSU 134	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ND 24 2	SZ	STATE 136 COUNTY BE CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS YES NO 1 4042 OCC SPYING La
YLA YLA	14. F	ATHER'S NAME IS MOTHER'S MAIDEN NAME
AA 3 19 19 3 500		havios Mason Roberta Johnson
		WAS DECEASED EVER IN U.S. ARMED FORCES? 100 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
201 W. PRESTON ST., BALTIMORE, es that the death certificate be executed by the attending physician and applease remove carbonipopers. Pages I urial, cremotian, or removal.	1	YES, NO OR UNIKNOWN) (IF YES, GIVE WAR OR DATES) 217-01-7553 A Mrs Kinnie Mason-4042 Soting La
ALTI pre by ol.		18 CAUSE OF DEATH Enter only one couse per limitor (a) (b), and (c).
Tr. B.		PART I. DEATH WAS CAUSE BY: MARCHE A CHO & Acuty my or ha his history
ON S	173	4100 DUE TO, OR AS A CONSEQUENCE OF WHILE THE
STC leath then then then then to no, oumo		Conditions, if any, which
. PRESTC. the deat		gove rise to immediate couse io, stating the DUE TO, OR AS A CONSEQUENCE OF
101 W. PRESTON s that the death ce d by the attendina lease remove cold ind, remoditan, or or		underlying couse lost
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0)
op op is a op in	ON O	
aw re aw re prior	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL RE la he la on. hos the per la per	E	YES NO YES NO
IVISION OF VITAL IG PHYSICIAN: The attending physicion rer this certificate h s the buriol-transit pand buriol-transit the cond Mental Hygier ked at Item 18 shaven	7 8	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
SICIA ng pl certif rriol-t	18	OR CONTRIBUTING CAUSE OF DEATH COURT A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
PHYSICIAN: PHYSICIAN: rending physic this certificon he buriol-irron and Mentol Hy d or Item 18	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIVISION OF PHORE THE CONTROLL OF THE CONTROLL	>	WHILE AT WORK NOT WHILE AT WORK
00 E		27a.1 certify that (I) (this hospital) attented be deceased from 4/04/17, 19 to 1964, that (I) (we) lost
OR ATTEN te hospitol DIRECTOR. Sched for ur Dept. of Hem 21 is		saw the deceased along the date and from the causes stated above. (1) (we) faid and new the boar after death
OR A he hos DIREC Ocched Dept.		276. SIGNATURE DEGREE 221. DATESIGNED
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
HOSPITAL sined by th FUNERAL sold be deta th the State PORTANT:		22d. PHYSICIAN'S NAME IN HOUSE ADDRESS
TO HOSPITAL OR A retained by the hos TO FUNERAL DIRECT Should be detached with the Stote Dept.		to SAUNDERS Mund 16
7 in 1 in	23a.	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE
) [] BP	16	Surial 3/10/82/17/4+03 Mem. lark Chrutus Mid.
DHMH - 16 50M 1/76	24. 5	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VR A 15 (4))	0	195, H. Towell H 319 M. Schroeder St MAR 10 1082 Princes Van Mathen



	It	em 18a G566 4	/22/82 dad	STATE	OF MARYLAND			
/	1.	FOR STATE REGISTRAR	DEI		ALTH AND MENTAL HYG CATE OF DEATH	C Ca	0 6	0 1 0
be oth		CEASED NAME FIRST	m FRANCE M	ASON LAS	SR.	2a. DATE OF DEATH	MONTH DAY YEAR	12 20 HOUR
pos pos	3 SE		1 RACE White	5 DATE OF	BIRTH 1/1906 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR MONTHS DAYS	R IF UNDER 24 HRS
(M) 35		RTHPLACE (STATE OR FOREIGN COUNTRY) Manyland	76. CITIZEN OF WHAT COUL USA	NTRY? 8. MARRIED WIDOWED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD
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in 24 hou y filled in hould be	13a.	ALRESIDENCE (IF NURSING HOME OF STATE 13b. COUI	NTY 13g. CITY OF	more	34 INSIDE CITY LIMITS? YES NO 🗌		worth Lane,	21230
ompletel		John	Maso Maso	n	Elizabeth	WIDDLE	Fre	asi ance
be executed on and control or and control or		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATEST	13-5088	C. Virginia	Mason S	ame as #13	XIMATE INTERVAL NONSET AND DEATH
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	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSE	S OF DEATH?
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SPITAL OR I by the h. VERAL DIR be detoche e Store Dep		226 SIGNATURE 211 THY SIGNAS NAME (TYPE	OR PRINT	>	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F _ 1	UST/12
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DHMH : 16 50M 1/B1 (VRA 15, 4)		Cully Funeral	Home 237 E	Patapsco t	21225 MA		ZJU REGISTRAK SSIGNA	W-The

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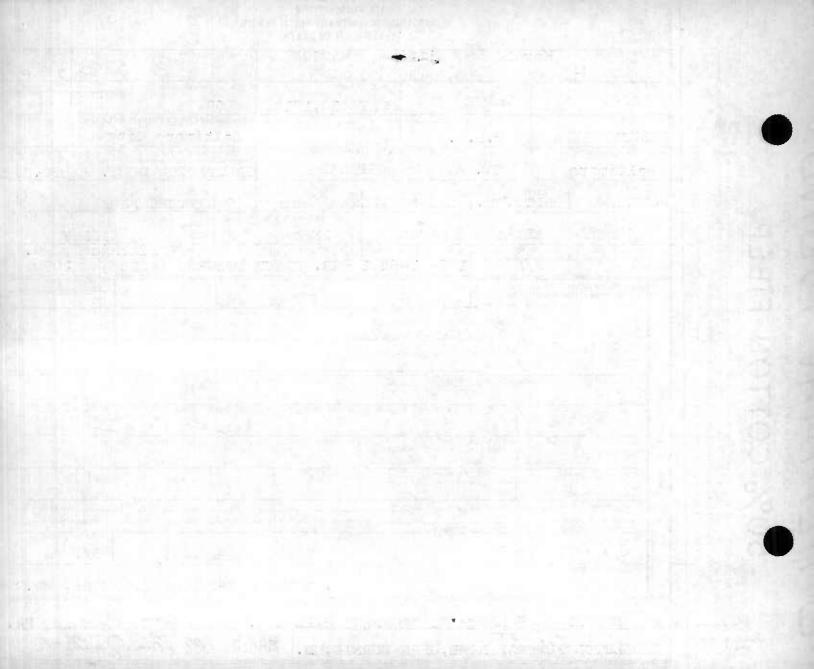
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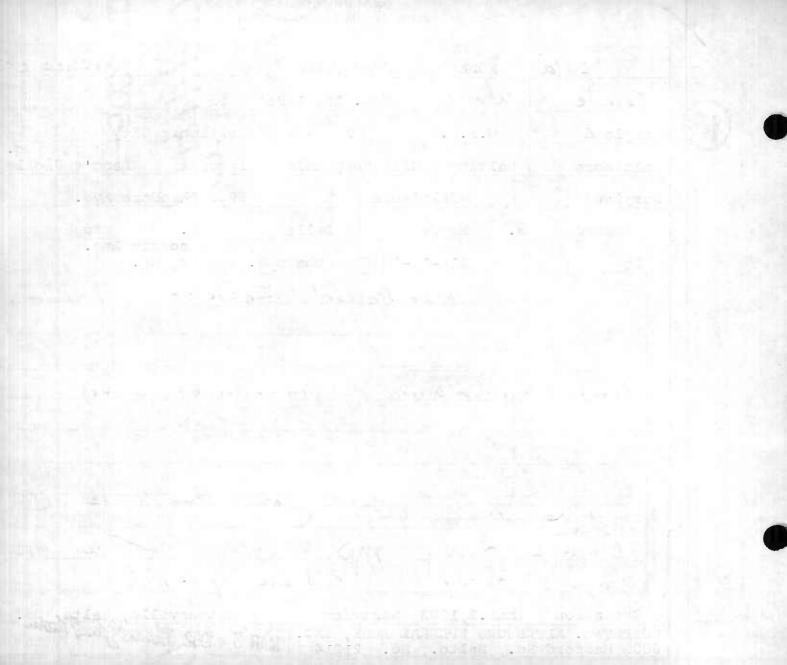
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FUNERAL HOME, GLEN BURNIE, MD.

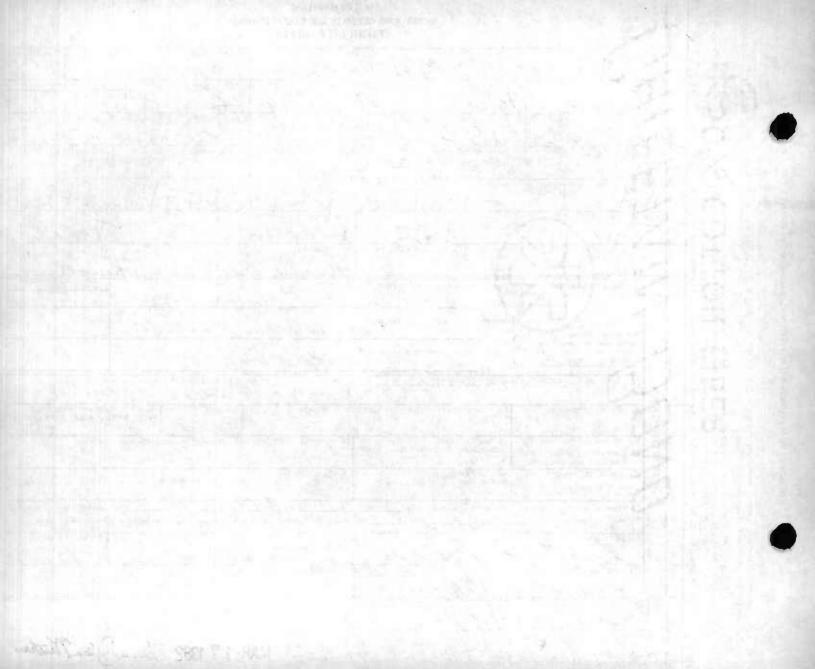
(VRA 15, 4)



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45 (M)	C	RTHPLACE STATE OR FOREIGN OUNTRY)		S.A.	? 8 MARRIE	NEVER MARRIED	Baltimore CITY C	OR COUNTY OF DEATH	
ther dec	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126 KIND OF	MD.
21201	USU.	AL RESIDENCE (# NURSING HOME OF	R OTHER INSTITUTIO	IN, GIVE RESIDENCE BEFO	RE AOMISSION)	ospitals	Laborer	Lang's	Pickle
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MARY miplete and 2	I PA	Edward	N.	Moore		Della	M .	Pugl	a
BALTIMORE, core be execut to poer from the coper from vol.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	EMED FORCES? E WAR OR DATES)			A Richard W		dore Ave.	
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D)		My	curdiof I	0 /	APPROXI	MATE INTERVAL INSET AND DEATH
of W. PRESTON ST., that the death certiful by the attending phease remays corbang ol, cremation, or remarms of the traumatic events of the traumatic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)_	or as a consequ			12.72		
requires the signed by Then pleo	NOI	Cerebral	Vascula	* '		not related to the term		4	
he law any bere price one one one one one one one one one on	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED *	200 AUTOPSY? YES NOX	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [7]	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ontending physician. Wher this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or flem 18 shaws any injury	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER;	ATH HOUR A	OF INJURY A.M. MONTH D P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
VISION Offendir er this of the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE.	, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TTENDIN prital or TOR: Aft for use o af Health		22s I certify that (I) 196s hasp saw the decease of a so above (I) we cold and re	Nea	193	82 Ju	d that in (my (our) opinion	death occurred on the d	ote and hour and from the	hot ((we) lost
ITAL OR A by the hos RAL DIREC		THE SHANK TURE	B	my	M	ATTENDING PHYSICIAN [MEDICAL STA		1,1982
TO HOSPITAL etained by 1 TO FUNERAL should be deal with the State		Wayne 5.	Bar		1	Boltimore	city Hos	nitals	
7744BP	(BURIAL, CREMATION, REMOVAL SPECIFY)	Mar.	2,1982	West	EMETERY OR CREMATORY View	23d LOCATION CITY OR TOWN	ille Balt	STATE Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	2 R	OBERT CC. ALTH	ENBURG	FUNERAL	L HOM	E, INC. 250. DAT	TE REC'D. BY REGISTRAD	REGISTRARY SIGNA	faither



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH DAY 2h HOUR (TYPE OR PRINT) OLET 3. SEX DATE OF BIRTH AGE TIN TEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 2. HRS YEAR In BIRTHPLA BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12h KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY filled bold k 13d INSIDE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE dicol ADDRESS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT oges (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).)
PART I. DEATH WAS CAUSED BY phys EMERAGI IMMEDIATE CAUSE (0) DIVISION OF VITAL RECORDS, 301 W. PRESTON ST ō DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAR PUSEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION EFUSION 2 (EURAL prior mit. 206 IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? pe IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene be NO [NO YES urial-transit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ar Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE marked WHILE NOT WHILE AT WORK AT WORK Health 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR: 82 sow the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death Hem Dept. 226 STORY A 2810 DEGREE THE DATE SJONED * ATTENDING MEDICAL STAFF should be detained with the State C PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. THY SICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, EREMATION, REMOVAL 23b. DATE 231 NAME OF CEMEJERY OR CREMATORY UNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUL DHMH-16 60M 1/73 60 ADDRESS NAME (VR A 15 (4))



page 3

nermus be lost

may be

executed within 24 haurs after

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
9		CEASED NAME FIRST	٨	NIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		JOHN	٧.		MAUC		3-	-5-82		512 AM
U	3. SE	X	4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST E	IRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
		Male	Whi	te	Janu	vary 28, 1918	64	64 YRS.		
7-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_ ^	DEATH	
de	10.61	TY OR TOWN OF DEATH	US)/l	WIDOWE		Baltim	0		MD
5	B	altimore	F NOT IN SUC	I Home an	d Hoz	pital			NDUSTRY	nghouse
5	Ma	ryland Inne		GIVE RESIDENCE BEFORE 13. CITY OR TOWN Linthicu	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ple Road	1	
	14 FA	THER'S NAME	MIDOLE	LAST		15. MOTHER'S MAIDEN NA			C LAS	
U		yeonge E		lauck		Anna	Modre		Stan	auss
7	16a W	VAS DECEASED EVER IN U.S. AR.		166 SOCIAL SECUI	RITY NO.	17. INFORMANT		- ,	npano	
		963	W 17	294-05-5	290	Mr. John V.	Mauck, Jry	Glen Bu		MATE INTERVAL DISET AND DEATH
	ATION	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C								
2	CERTIFICATION		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WI IN CERTIFYINI YES	G CAUSES	OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in	A. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1	ORPART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE C	OF INJURY	19	211 LOCATION			COUNTY	
-	×	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR I	OWN	COUNTY	STATE
		22a. I certify that ((this hosping sow the deceased alive an above, ((we) (d)d) (did not have)		deceased from		, 19 82 and that in (my) (our) opinion DEGREE	death accurred on the	date and hour an	d from the c	and the same of the same of
		7. Edwar	do		V	ATTENDING PHYSICIAN [MEDICAL STA		3/5/	82
		W. EDWARDS, MI				BROADWAY	BALTIMORE.	CORPORA' MARYLAN		100 N. 231
2		URIAL CREMATION, REMOVAL	736 DATE	73c N	AME OF C	EMETERY OR CREMATORY	234 LOCATION	1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100
		Burial	3/8/8	32 Cro	unsvi	lle Vet. Com	Crownsvil	le Anne	Aruna	el Md.
	34. FL	INERAL DIRECTOR Mc (u	lly tune	ral Home	of B	rooklyn Ma DA	AND TO SEGISTIVA	750 BEAUTRAR	SSPOMIL	Marthen
1	2)	7 E. Patapsco +	venue B	altimore,	Man	uland 21205	MAIN 1 0 198	4 Chance	0	

DHMH - 16 50M 1/B1 (VRA 15, 4) *

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exami

and the second of the second o States enough St Court Court of Court The Mary Secretary of the Contract of the Secretary of th All Carrier and California Comment of Carrier and California Comment of California Calif

BP. DHMH · 16 50M 1/ (VRA 15, 4) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
		CEASED NAME FIRST CHRTS	TOPHER	AT.AN	M	AY	MARCH 13.		YEAR	12:51a
	3. SE		14 RACE	7111111	5. DATE C		6. AGE (IN YEARS LAST BI		INDER I YEAR	IF UNDER 24 HRS
	J. JL	male	whit	te	MONITA		0. AGE (IN TEARS LAST BIT	MON		HOURS MIN.
3		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8.	D NEVER MARRIED 3	9 BALTIMORE CITY C			MD.
3		ITY OR TOWN OF DEATH Baltimore		HOSPITAL, NURSIN HEACHITY GIVE STREET, HOPKIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRY	F BUSINESS OR
25	M		hington	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Hagerst	own	YES NO X	130. STREET ADDRESS Cool Ho.	llow Ro	ad	
exomin O	14 FA	Gregory	A.	May		15. MOTHER'S MAIDEN NA/ Pamela	ME MIDDLE K.		Byei	
dicoi		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	SS		
a a		no				Mr. Gregory	A. May, H	lagersto	own,	Maryland
S only injerty, or other records	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Pul W 199. DATE OF OPERATION	DUE TO, O	10 MOVIC	NCE OF I - G	utity pain not related to the term	deficie	MCU DITION/GIVEN 20b. IF YES, W IN CERTIFYIN		
ous of the control of		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI	ATH HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	YES T		NO []
rked or ne	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED AND AND AND AND AND AND AND AND AND AN	21e PLACE		19 ARM. ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
MPORTAN:: If Ifem 21 is mork		220.1 certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n	31	13 198		nd that in (my) (our) apinion o	death occurred on the d	3 , 19 ate and have an		that (1) (we) last couses stated
		226. SIGNATURE	PIL	ruma	m		MEDICAL STA DIRECTOR PHYSIC		3/1	3/82
T T		PHILIP	THU	mA		Johns 1220 ADDRESS	Hophins	Hos	pife	Q
	23a. B	BURIAL, CREMATION, REMOVA (SPECIFY) burial				EMETERY OR CREMATORY	23d. LOCATION	d	DUNITY	STATE
	24. FU	UNERAL DIRECTOR MINI		NERAL H		Haven Cemete	ry Hagers	256 REGISTRAL	vash,	Maryland
31	400	15 E. Wilson Bl		ADDRESS		rland 21740	1 1982	Manu?		

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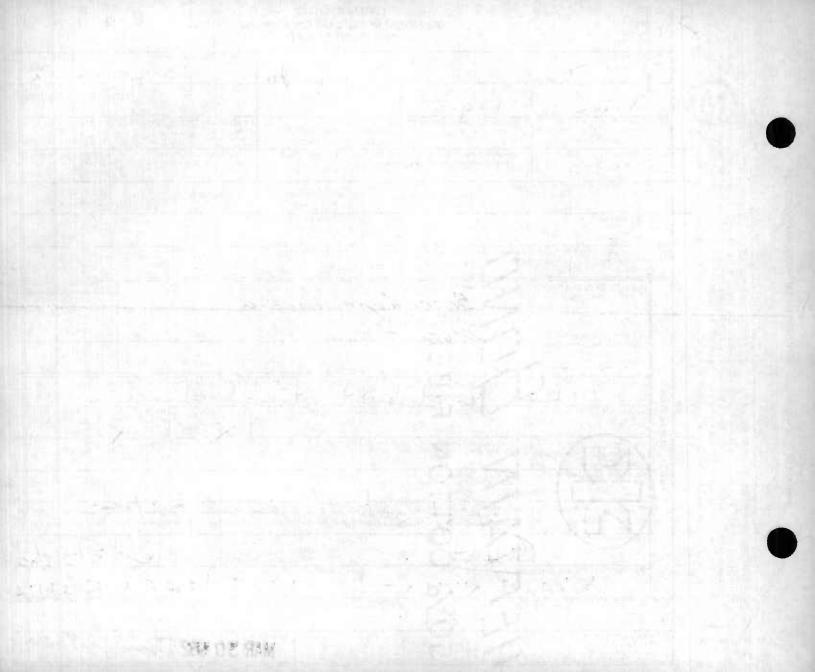
1101 E. North Ave.

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(VRA 15, 4)

Wm. C. March F/H

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1	1-	FOR STATE REGISTRAR			PEPARTMENT C	FHEALTH	AARYLAND I AND MENTAL I CERTIFICATE (المال المول	REG. NO.	6 6 1	9
	23 8: 14.25		CEASED NAME DE OR PRINT)	FIRST Anna		Mae Mae		Mayhew	2a. DATE	KNOWNXX MON ESTI- MATED 3		26 HOUR
	ON STREET		emale	white	May 15,	1913 68	YRS. IF UN		MIN. PRONOU DEA	NCED 3	8 19 82	2d HOUR 2 12:5 ₄ 1
0	S FOR WITH	FC	REIGN COUNTRY)		OB. CITIZEN OF WI		WIDOV	ED NEVER MARR	ED D	MORECUTY <u>OR</u> COU Baltimore	City	PM MD.
	DELAY IS TO THE FINANCE OF PAGE OF PAG		altimore		1405	PITAL, NURSING HO	eet	ER INSTITUTION	FOR MOST OF WO	JPATION (TYPE OF WO PRKING LIFE)	OR INDUST	TRY
. 21201	AND 3 AND 3 AND 3 AND 3 AND 3 RETAIL	139%	inyland	13b. COUNTY		130 CITY OR TOWN		13d. INSIDE CITY LIMITS?		live St.B	alto.Md.	
ORE, MD.	M PW		ATHER'S NAME FIRST Willia		WIDDIE	Corbin		15. MOTHER'S MAID Roben		ADDRESS	Jenkins	3.41
BALTIMORE	JRS AFTER DE 8. GIVE PAGE WITH FORM T. PAGES I A DIVISION OF		WAS DECEASED EV (ES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	228-28-		Mrs. Savil	La F.Thom	nas, 9122 0		
5, 201 W. PRESTON ST.,	SWITHIN 24 HOUR THEM THEM THEM THEM THEM THEM THEM THEM		Conditions, gove rise couse (o) sto lying couse le	IMMEDIATE if any, which to immediate ting the under- ost.	BY: CAUSE (a) AY DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENC	CE OF	cardiovaso		ease	APPROXIMA BETWEEN ONSI	
ECORD	AS A ALTH	NOI						E OR CONDITION GIVEN IN P	ART 1 (a).		1-318	
OF VITAL RECORDS, 201	OO # 전유	CERTIFICATION	19a, DATE OF OP		19b. CONDIT	TION FOR WHICH O	PERATION W	'AS PERFORMED?			20 AUTOPSY YES 🗔	NO □v
	CERTIFICATE SH SITING THE WOR EDED TO THE CT- E3 SHOULD BE LE E DEPARTMENT OF DI PRIOR TO BUR	MEDICAL CER	CONTRIBUTING	OR CAUSE OF DE		MONTH DAY Y	EAR	OW INJURY OCCURR	ED (ENTER NATURE OF B	NJURY IN STEM 1B PART 1 O	R PART 2)	
DIVISION	AAG AAG	MED	21d INJURY OCC WHILE NAT WORK	OT WHILE		OF INJURY (AT HOME ORY, FARM, ETC.)		CATION	CITY OR TO	OWN	COUNTY	STATE
•	EDICAL EXAMINER UTE THE CERTIFICAT A SHOULD BE FOR INERAL DIRECTOR R DEATH, WITH THE MORE, MARYLAND		226. I certify the death resulted for the surface of the surface o	ME Notero	5 K	Accident ,	Suicide A	Homicide TITLE (SPECIFY) A.D. Assista	Undetermined m	nanner ,	TE 3/10	
		23a.E	JURIAL, CREMATIO SPECIFY) Burio	N REMOVAL 231		Guard M 82 23c. NAME OF edan	CEMETERY C	R CREMATORY emetery	23d. LOCATION SITY OR JOWN Baltimo	4	aryland	STATE
2301	DHMH-17 (VR A15 ME (5))		UNERAL DIRECTO	R			e.Bala		REC'D. BY REGISTR	AR 236. REGISTRAR	S SIGNATURE	In

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1101 E. North Ave.

FOR

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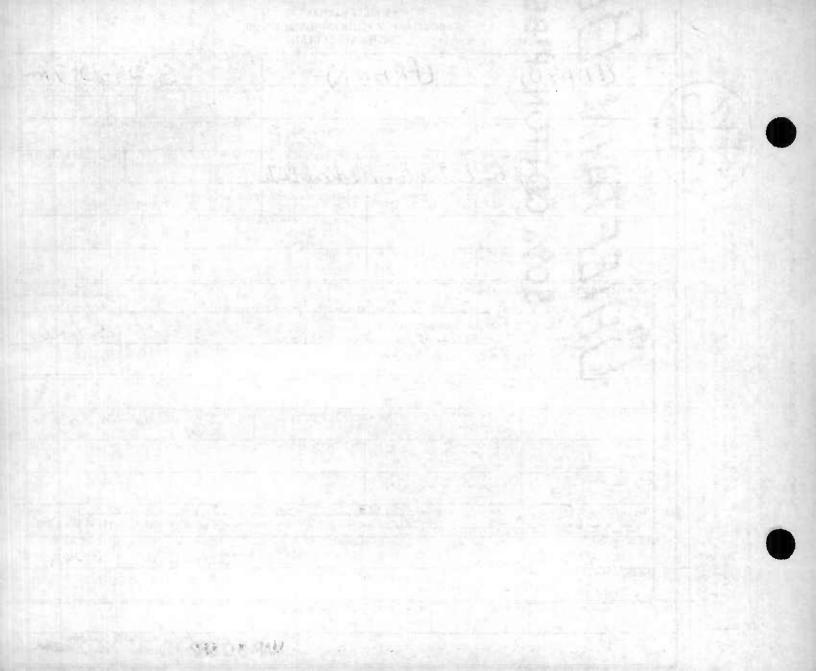
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(VRA 15, 4)

Wm. C. March F/H

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



)	24 hours ofter death. Page 4 may	filled in the the curticity. But	The behavior of the
	ot the death certificate be executed withi	y the attending physician and completely re remove corbonpapers. Pages 1 and 2 s cremation, or removal.	ther troumotic event, the medical examine
	10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in hydrocondisciplinations to the burial transfer of the short of the burial transfer of the short of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumotic event, the medical examiner must be an influence of the medical examiner must be an influence of the medical examiner.
)	TO HOSPITAL OR AT	TO FUNERAL DIRECT should be detoched for with the Stote Dept. o	IMPORTANT: # #em 2

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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050 110				

REGISTRAR			CERTIFICA	IL OIL	LATIN	REG.	VO.		
DECEASED NAME FIRST		MIDDLE	LAST			20. DATE OF DEATH	MONTH DA		2b HOUR
(TYPE OR PRINT) EVEL	.YN	M.	AZERSKI			MARCH	23, 198	2	10:15A
SEX	4. RACE		5 DATE OF BIR	TH		6 AGE IN YEARS LAST I	IRTHDAY	F UNDER 1 YEAR	IF UNDER 24 HRS
female	wh	ite	nonth 1	25 ^{DAY}	25	57	YRS	ONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	MARRIED S	NEVER	MARRIED [9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland		USA	WIDOWED		VORCED	Baltimon	e City		MI
CITY OR TOWN OF DEATH		HOSPITAL, NURSING		HER INS	NOITUTION	128 USUAL OCCUPA		12b. KIND C	F BUSINESS OF
Baltimore		Church Hou	e Hosp	ital		house-v			ome
JSUAL RESIDENCE HE NURSING HOM 30. STATE 13b. CC	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	DMISSION)		ITY LIMITS?	13e. STREET ADDRESS			
Maryland		Baltimor		S 🔀	NO 🗌		oening	Highwa	at
FATHER'S NAME	MIDDLE	LAST	15 A	AOTHER'	MAIDEN NA	WE			
John	MODIE	chesser			FIRST	WIDDIE		TVE	
WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURI	TY NO. 17 II	NFORMA	NT	ADD	RESS	1,7	
(IF YES,	GIVE WAR OR DATES)	215 16 6	226	rdwa	rd Maze	rski 1334	Broeni	ing wi	hway
18 CAUSE OF DEATH (Enter	naly and cours nor	line lev (e) (h) and (MATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNIFICAN OSSEOUS META 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	ASTASIS	DNTRIBUTING TO DE		100		200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME O	E INTITIDY	1216	HOW/IN	ILIPY OCCUPE	YES NOLX	YES		NO 🗌
OR CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DAY	YEAR 19	LOCATIO		ED (ENTER NATURE OF IN.	URY IN ITEM 18 PAR	TIORFARIZ	
WHILE NOT WHILE AT WORK	I AT HOME, STR	EET, FACTORY, OFFICE, FARA	M, ETC)	STREET)N	CITY OR I	OWN	COUNTY	STATE
22a. I certify that (I) this ha	Spital attended the	e deceosed from	ARCH 6	STREET	⇒ 82	to MARCH	23,	82	that (IV (we)) as
AT WORK AT WORK	Spital attended the	e deceosed from	ARCH 6	street in (my)	⇒ 82	to MARCH death occurred on the	23,, 19 dote and hour c	22c DATE	that (I (we)) os couses stated SIGNED
22a. I certify that (I) this has sow the decored alive above, (I/I/We/Fald) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITY S. K. PRASAL	INT HOME, STR DESPITED ATTENDED TO THE PRINT OF THE PRIN	e deceosed Irom M	ARCH 6.2., and the	street in (my)	our opinion of		23, 19 dote and hour of	224 DATE	that (I (we)) os
22a. I certify that (I) this has sow the decreased alive obove, (I/WoV/Old) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITY S. K. PRASAL 33a BURIAL CREMATION, REMOV	D SOMPALL AL [23b, DATE]	e deceosed from M 23 after death. 19 8 I M.D.	ARCH 6.2., and the	ADDRES	STEENDING PHYSICIAN CHURC BROAD	MEDICAL ST. DIRECTOR PHYS H HOSPITAL WAY BALTI 123d LOCATION	dote and hour of	226 DATE 3-2 ATION D 212	that (I we) as couses stated SIGNED
22a. I certify that (I) this has sow the decreased alive above, (I/Me/Idle) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME IIY S. K. PRASAL	INT HOME, STR INSPITOL OF THE HOME MARCH W THE BODY PE OR PRINT SOMPALL	e deceosed from M 23 after death. 19 8 I M.D.	ARCH 6.2 , and the DEGR	ADDRES	STENDING PHYSICIAN S CHURC		dote and hour of	220 DATE 3-2 ATION	that (I (we) occuses stated

DHMH-16 50M 1/81 (VRA 15, 4)

walter pabrowski

1005 Dundalk Avenue

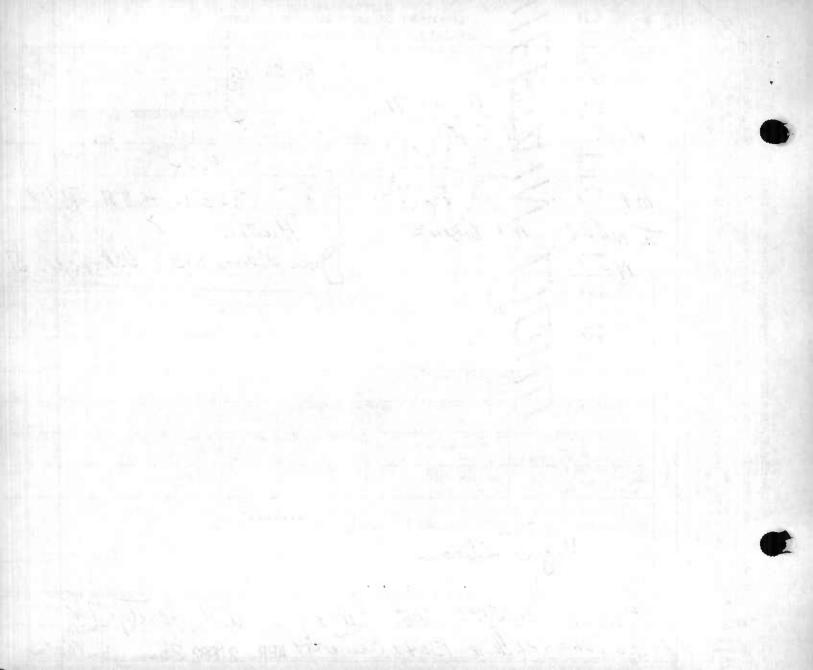
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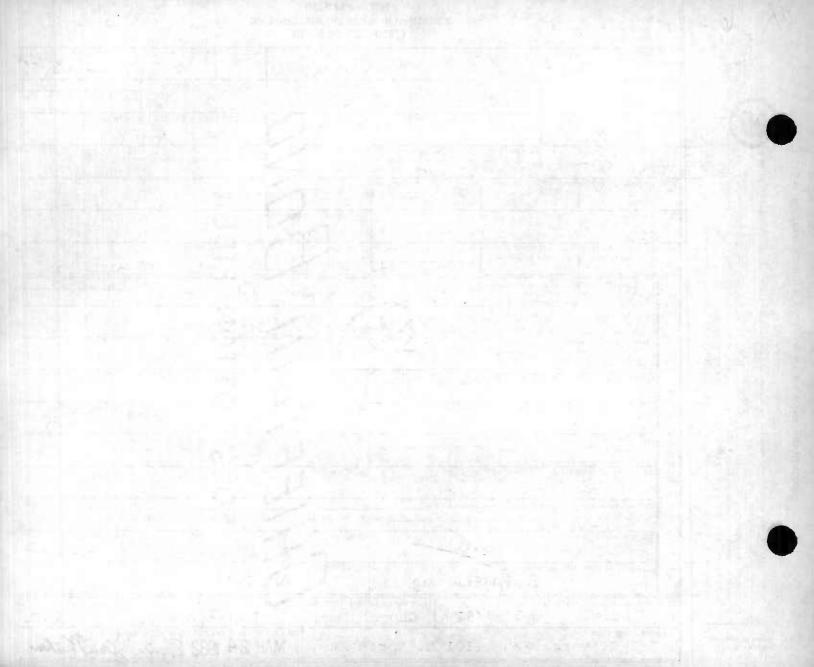
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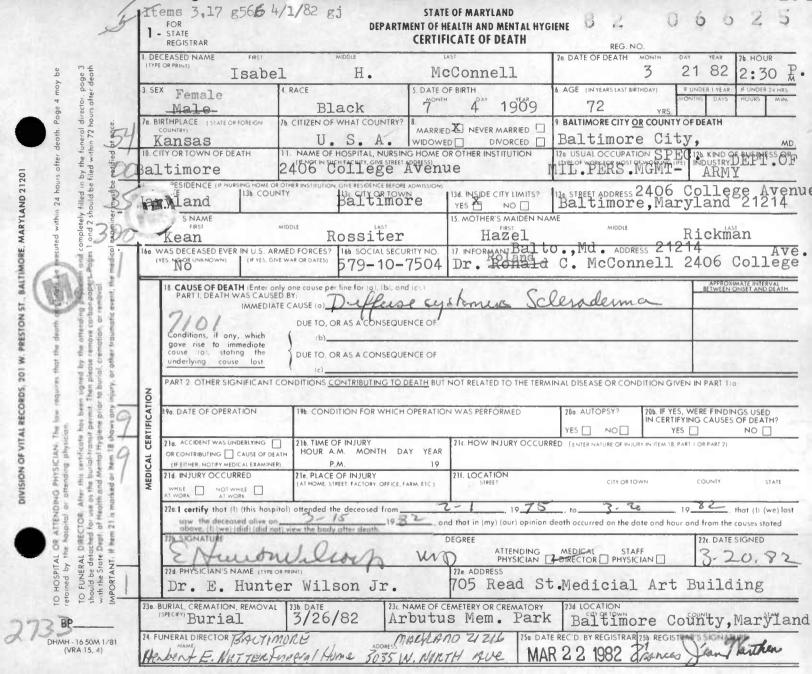
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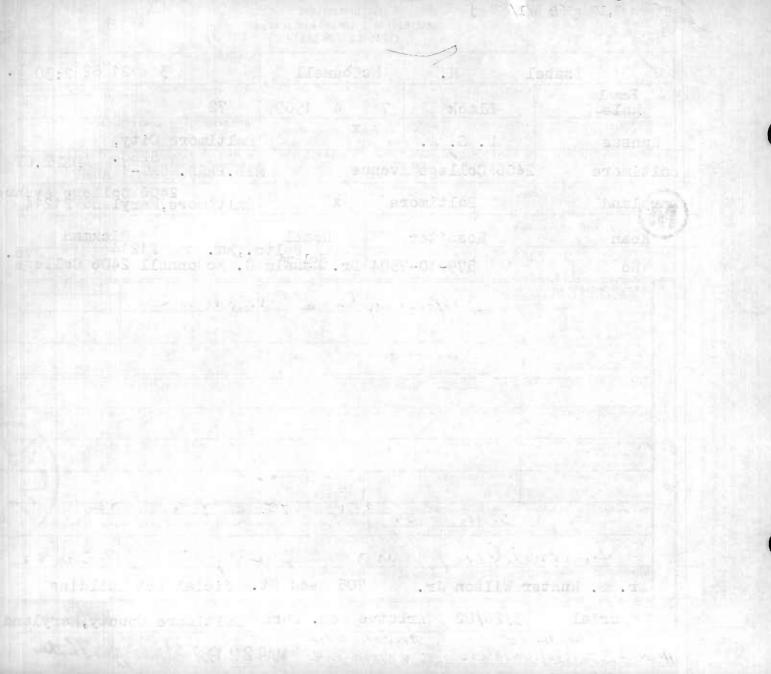
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	•	A DE LOS	3. SEX			S DATE OF B	BIRTH DAY YEAR	6. AGE (IN)	YEARS IF UNI	DER 1 YR.	IF UNDER 2	24 HRS. 2c.	DATE	٨	МОИТН	DAY	YEAR	24 HOUR
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		DESTA L		N.E		11.	5-17		WIDOWI	ED 🗆	DIVORCE	D 0	Baltin					MD.
		がかり	10. C1	TY OR TOWN	OF DEATH		F HOSPITAL, N			ER INSTITUT	ION	12a. USUAL FOR MO	OCCUPATION OF WORKING	ON (TYPE OF LIFE)	WORK 1	OR OR	D OF BUS	SINESS Y
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ı	MORI	PAGE ORA ON OF	16a V	VAS DECEASEI	D EVER IN U.S. ARM		16b. SC	OCIAL SECUR	ITY NO.	NFORM	MANT	2		DDRESS	1.1	7		H
ľ	BALT.	URS AFTER DEATH. WITH FORM PM. WITH FORM PM. T. PAGES 1 AND 2. T. DIVISION OF XITA		III CAUSE O	PF DEATH (Enter only	v one cours o	per line for (a)	h) and (c))	{	John		erro	5/3	1.0	1Ch	ZPE APP	PROXIMATE	INTERVAL
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	DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE A SHOULD BE FORWARDED TO THE CIT OF UNEXAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BU	MEDICAL	21d. INJURY C		21e PL	LACE OF INJUR	Y (AT HOME,		CATION		C	ITY OR TOWN		COU	INTY		STATE
		ATE, V ORW/ ORW/ ORW/ OR PA HE STA VD, 21		22a. I certi	ify that I took charge	e of the remai	ins described a	oove, held an	Autops	у 🔲 .	Inspection	XX.	Inquiry .	, and i	in my api	inian		
		MINITELE PER PER PER PER PER PER PER PER PER PE		death result	ed from: Noture	al couses X	, Acciden	• 🔲, s	Suicide .	, Hamici	ide .	Undetern	nined manne	, <u> </u>				
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		DHMH - 17 (VR A 15 ME (5))	10	ocks	FUNERI	AL HOR	nf 13	047.	(ent;	al at	APR	21	082	dences	10	. 7	artho	فالأ
		15M 2/80													D	-		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH HINOM 2b. HOUR [TYPE OR PRINT] 3. SEX 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3 1AR 20 Female Black BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA N.C. WIDOWED DIVORCED T ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY Baltimore 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 3918 Mortimer Avenue MD YES 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Hall Jimmy Pender Rennie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 220-38-744 Johnnie L. McClain 3918 Mortimer Ave. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF METASTASIS Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [DIVISION OF VITAL 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram_ saw the deceased olive on_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL 3/23 FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS with 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIF Burial 3/27/82 Church Cem. Stantonsburg 250. DATE REC'D. BY REGISTRAR 256. REGISTRARS SIGNA 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Wm .. C. March F/H 1101 North Ave. (VRA 15, 4)



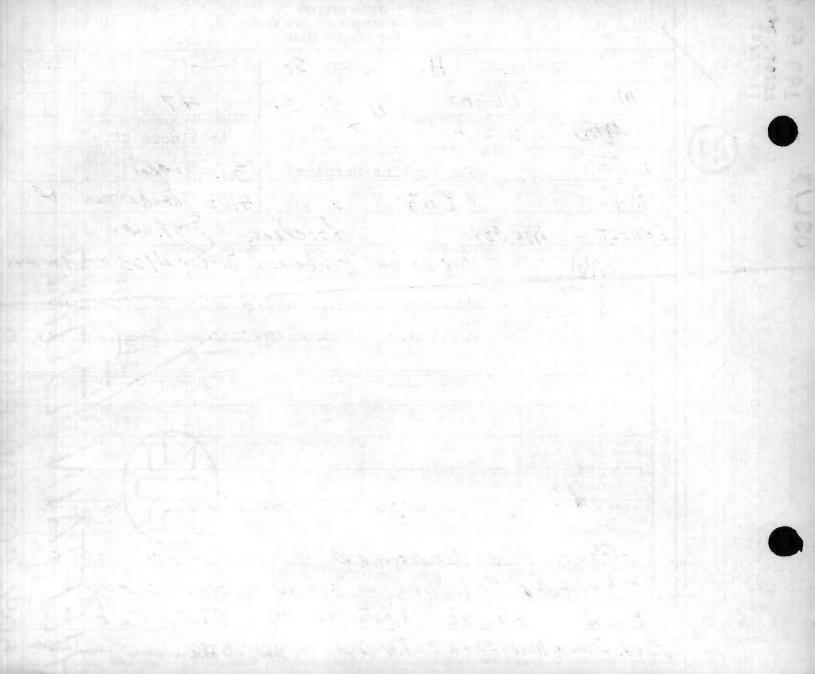




DHMH - 16 50M 1/81 (VRA 15, 4)

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X.	FOR STATE REGISTRAR			DEPARTA		EALTH AND ME		ENE S REG. N	10.	6 0	2 5
	CEASED NAME FOR PRINT)	Ben ja		WIDDLE H	Ŋ	Accoy .	5t.	3-11-8		AY YEAR	26. HOUR 2P
3. SE.	× m	4.	NEG	RO	5. DATE (34	6. AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3	ITY OR TOWN OF DEA		u. s.	WHAT COUNTRY?	WIDOWE		RCED	9. BALTIMORE CITY OF Balti 120. USUAL OCCUPAT	more (City	MD.
3	Balto. AL RESIDENCE (IF NURS	10-10	(IF NOT IN SUC	h FACILITY, GIVE STREET.	kins		-	ONO MORK FOR MO	Egent	INDUSTRY	II BOSINESS OK
13o. S	Md	136 COUNTY	TER INSTITUTION	GIVE RESIDENCE BEFORE 131. CHT OR TOWN DULL	ADMISSION)	13d. INSIDE CITY YES A	LIMITS?	4103 W	nonda	nunco	20
E	RNEST -	mio	C. Coy	LAST		15. MOTHER'S N	Selean	MIDDL	Thno	IAS IAS	т
	VAS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W		218-28	RITY NO.	17. INFORMANT Bark	are d	P. Mc Coy	4/0:	3 mon	downen
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o	ane couse per	line far (a), (b), and	d (c)					BETWEEN	IMATE INTERVAL ONSET AND DEATH
	1500			Cardio	oulm	oncuy	arre	· of		mine	ites
	1337			R AS A CONSEQUE		,				1000	
	Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediate ig the	DUE TO, OF	RAS A CONSEQUE		coloni	c car	remona		ne	ntus
NO	PART 2. OTHER SIGN	NIFICANT COM	(c)	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION GIVE	N IN PART 110	z i
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
CAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM IB PAR	RT OR PART 2}	
MEDI	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	HLE 🗍	21e. PLACE (LAT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	11	CITY OR TO	OWN	COUNTY	STATE
	22a. I certify that (1) saw the decease above (11)(we) (c	ed alive an	3/11	10	3/10		19 <u>82</u> or) apinion de	, ta3/L1 eath accurred an the a		and from the	that (D) (we) last couses stated
	226. SIGNATURE	de 1	0 1	hule	an	(16) PH	ENDING YSICIAN [MEDICAL STA		3 (C	SIGNED
	5 fec	in 1	P Sc	Welm	ad m	22e ADDRESS	w	moade	vay	Bu	4
(Burial, CREMATION,	REMOVAL	3 / 15/	82 23c. N	1 1	EMETERY OR CRE	PR	23d. LOCATION CHIOR TOWN	20,4	COUNT	STATE
24 FL	ocho Tum	enel Hon	ce 130	47. By	Tral c	20	250. DATE	REC'D. BY REGISTRAR	25h, REGISTR.	AR'S SIGNAT	Parthen



DHMH - 16 50M 1/81 (VRA 15, 4)

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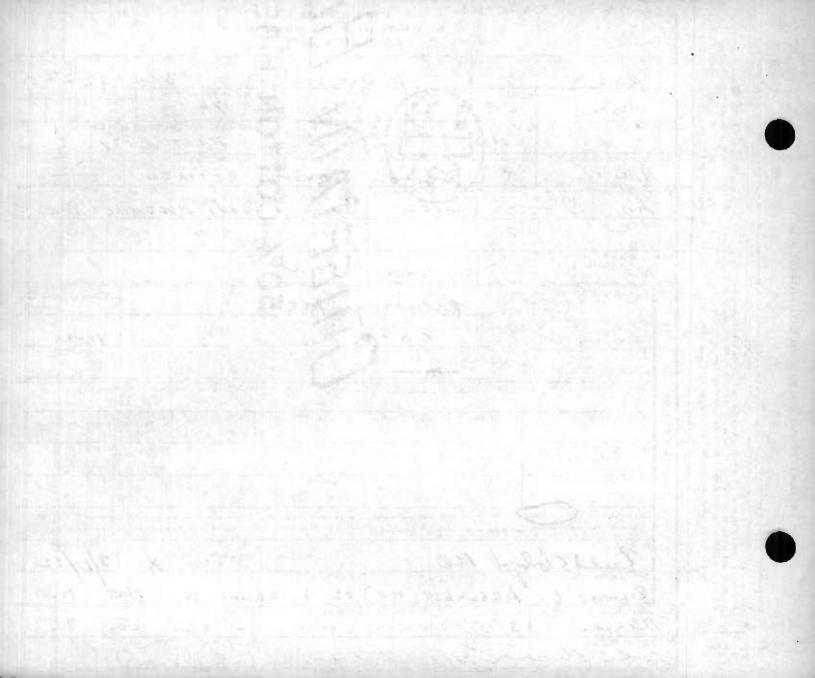
1	- STATE REGISTRAR		CERTIFICATE OF D	EATH	REG, NO.		5 1325
	ECEASED NAME FIRST	WIDDLE	LAST	2a. C	DATE OF DEATH MON	TH DAY YEAR	2b HOUR
	Juli	a .	McCoy	1	larch 15. 1	982	3:15 am
3.51		4. RACE	5. DATE OF BIRTH		IN YEARS LAST BIRTHDAY		
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7n. B	COUNTRY ATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER M	APPLED 9 BA	ALTIMORE CITY OR CO		
W	orth Carolina	1.5 A		ORCED	Baltimore	City	MD.
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			USUAL OCCUPATION	12b KIND	OF BUSINESS OR
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE Maryland	General Hospita	(TYP)	E OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTRY	
USU 130	JAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESPENCE	E BEFORE ADMISSION)		The Co	1	
M	aryland	13.1		NO D 7	27 Newin	GTON AU	enue
14. F	ATHE S NAME	MIDDLE LA		MAIDEN NAME			
1/	/ Inst	MIDDLE [A	31	RST	MIDDLE	LA ,	.51
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMAN	0 11	ADDRESS	1	101
	NO -	217-61	6- 4400 Walte	RK. H.	Dey 142	7 tare H	e 17
	18. CAUSE OF DEATH (Enter or	nly one couse per line for (o),	(b), and (c).)			APPRO) BETWEEN	CIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (o) Card	iac Arrhythmia				
	4290	DUE TO, OR AS A CON	SEQUENCE OF				
	Conditions, if ony, which	(b) Arte	riosclerotic ca	rdiovascu	lar disease	e	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
	underlying couse lost.	(c)	01001110101				
-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED 1	O THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1	0
CERTIFICATION	Sepsis,	Pyelophlebit	is: Right Lower	Lobe Inf	iltrate of	Lung.	
S	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION WAS PERFOR	MED 20	a AUTOPSY? 20b.	IF YES, WERE FINDE	NGS USED
E E					S NO X	YES	NO 🗆
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	URY OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION	7	CITY OR TOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK						
	22a.1 certify that X() (this haspi			19_82_,1	<pre>. March 15</pre>	19.82	that (we) last
	sow the deceased alive on above (N) (we) (did) (did)	March 15 A view the body ofter death.	19 82 ond that in (X_y) (4	our) opinion deoth	occurred on the date or	nd hour and from the	couses stated
	22b. SIGNATURE	2 4 5	DEGREE			221. DATE	SIGNED
	2	Tano	Wes MUAN	TENDING ME TYSICIAN DIR	DICAL STAFF ECTOR PHYSICIAN	0 3//	5/82
	22d. PHYSICIAN'S NAME (TYP)		22e. ADDRESS				1
	Frank Shea	, M.D.	C/0	Marylan	d General H	lospital	
23a.	BURAL, CREMATION, REMOVAL	23b. DATE	23 NAME OF TEMPORY OR CE	EMATORY 23	LIGHTON,		11
	DURIAL	3/18/82	VISTENT Limber	n bem	Dalto	COLMIT	Md
24	UNERAL DIRECTOR	1///	1/0/	DATE REC	BY REGISTRAR 256 F	REGISTRAR	off the
(1	nas Howell	11/1 3187	Vi Schereder	MAR MAR	18 1982 6	pances	- Kanada

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	V	1.	STATE REGISTRAR		DEPART	GIENE ()	EG. NO.						
	*	1. DE	CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR		
e o	eath eath	(IIII	Maray	aunet B. M. Cov				3	22	82	2:55Pm		
E VOE	po de d	3. SE		4. RACE	1	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
4	s aft) Female	Black 76 CITIZEN OF WHAT COUNTRY?		MONTH 1	2 22 1914	67	YRS	MONTHS DAYS HOURS			
	100		RTHPLACE (STATE OR FOREIGN OUNTRY)			8		9 BALTIMORE CITY		OF DEATH			
1 5	18 15S	Ma	ryland	U. S. A. MARRIED NEVER MARRIED WIDOWED DIVORCED			City Baltimore City Mo						
1	是是	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			120 USUAL OCCUPATION 126 KIND OF BUSIN						
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212	54 4	JSU.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFOR	E AUMISSION)	134 INSIDE CITY LIMITS?						
QN T	BS BS		ryland Baltimore YES NO NO					Baltimore, Maryland 21217					
RYL	2 sh	14 FA	ATHER'S NAME 15 MOTHER'S MAIDEN NAME										
MAI we	10 Sign		James Bundy Della					Stewart					
ORE,	Pages 1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANTBalt	imore, ADDR	Maryland 21217ve				
IMC	Pages medic	,	No		219-07-	5314	Mr. Marcel	lus S. Mc	Coy 2	2545 Ma	adison		
BALT ote	ysicio apers val t, the		18 CAUSE OF DEATH (Enter or	ly one cause pe	r line far (a), (b), an	d (c)				BETWEEN	IMATE INTERVAL ONSET AND DEATH		
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NO #	nding carb , ar r		4275	DUE TO, C	R AS A CONSEQUE	NCE OF	Arvest			11.	0		
PRESTON	offe ove stron		Conditions, if any, which	(b)_	Card	iac	A-1/231			16 d	ays		
Y Pe	the remo		gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF										
thor	d by lease ial, a		(c)										
)S, 2	signe ten p bury, ury,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101										
OR	in Th	ATIO	19a DATE OF OPERATION	200 AUTOPSY?	Tank IE VEG	S. WERE FINDIN	ICS LISED						
» le lo	n. no perm ne pr ws or	IFICATION	THE DATE OF CIERATION		IN CERTIF	TIFYING CAUSES OF DEATH?							
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ONO	ding is cer Men'ic Men'ar Ite	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)		.M. OF INJURY	19	211 LOCATION						
DIVISION OF VITAL	er th the and ked c	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE		
ā Z	After a se os so ostation		220.1 certify that (I) (thus hospi	talkattended ti	ne deceased from _	316	19 80 2	10 5/2	7	19 82	that (I) (we) last		
- E	TOR for up of He		saw the deceased give an 3/22 1982 and that in my laur point and each accurred an the date and hour and from the causes stated										
W A	IREC IREC ept ept tem		abave (Mere (did)) did not view the body after death. 226, SIGNATURE DEGREE 220 DATE SIGNED										
AL O	the AL D AL D retack the D reta		Pobert Kont, MD, ATTENDING MEDICAL STAFF 3/22/84										
SPIT	NER NER TAN		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	, ,		22e ADDRESS	./ /	,				
9	TO FUNERA should be di with the Sto		Robert 1	3. Keu	T und		2600 6:6	ecty Ite	Juts	Ave 2	1215		
5	5 C 4 × X	23a E	236 BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 231. LOCATION CITY OR TOWN COUNTY. STATE										
3031	3P		Burial 3/26/82 Crownsvill Vet.Cem, Anne Arundel County, Md.										
	I - 16 50M 1/76	24. FI	A FUNERAL DIRECTOR BALTIMORE, ADDRESSMARYLAND 212/6 150. DATE REC'D. BY REGISTRAR'S SIGNATURE MARE 24 1982 PARCES CAN NORTH AVENUE MAR 24 1982 PARCES CAN NORTH AVENUE										
(R A 15 (4))	HE	BERT E. NUTTER FUN		3035 W. A	10RTH	AVENUE MA	AR 24 1982	Proporce	, can	lastitus		

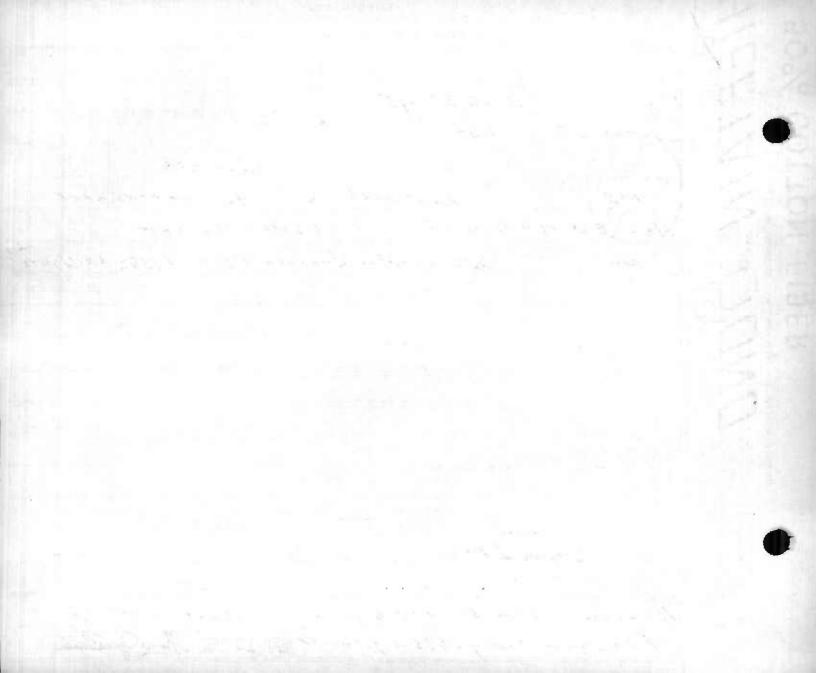
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10	1.	FOR STATE REGISTRAR	DEPARTM		ALTH AND MENTAL HYGI CATE OF DEATH	ENE REG. NO	0 0	C) Ca /		
(260) 25		CEASED NAME FIRST	MIDDLE \$	LAS			MONTH DAY	YEAR 2b. HOUR		
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nerol dan 72 kg.		IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIMORE CITY OF				
201 rs ofter d filed with		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 121 TYPE OF WORK FOR MOST OF WORKING LIFE) 112 INDUSTRY 113 INDUSTRY 114 INDUSTRY								
AND 215	130.	AL RESIDENCE (IF NURSING HOME OR OT ISTATE 13b. COUNTY	13¢ CITY OR TOWN	N 11	3d. INSIDE CITY LIMITS?	4205 6	DEEMIL	AVE		
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IMORE, n and co		VAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES, GIVE W			1 INFORMANT	ADDRE	SS			
1 W. PRESTON ST., BAI hat the death certificate by the attending physic ose remove carbanpape il, cremation, ar remaval.	CERTIFICATION	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (b), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF								
ECORDS, 20 ow requires to been signed rimit. Then ple prior to burne only injury, or		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 CERTIFYING CAUSES OF DEATH?								
VITALR IN The Inhysicion.		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURRE	YES NO	YES 🗌	NO 🗌		
ON OF VI	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		D (ENTER NATURE OF INJUR	TIN HEM 18, PART TOR	PART 2]		
DIVISION OF VIT NG PHYSICIAN: offending physic fiter this certificat os the burial-trans th and Mental Hyg anked or them 18 s	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		PH LOCATION STREET	CITY OR TOV	VN COI	UNTY STATE		
ATTENDI nospital or ECTOR: A ed for use of of Heal		270.1 certify that (1) this haspital saw the deceased alive an above, (1) (we) (did) (did not) v 27b. SIGNATURE			that in (my) (our) opinion de	, to eath occurred on the do				
PITAL OR by the h by the h LERAL DIR Seate Department of ANT: If he		Reel Chil	gul MO		ATTENDING	MEDICAL STAF		3///12		
TO HOSP etoined I		RICARDO C.	ARBOSAST	MD	22 5. 61	SE(WC JT.	RAIT	. no.		
1358BP		BURIAL, CREMATION, REMOVAL	- 1 - 1 - 1		LAWK	23d LOCATION CITY OR TOWN CAR ROL	LC COUNT	M Q STATE		
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	ADDRESS ADDRESS	1 true		REC'D. BY REGISTRAR	5b. REGISTRARS	IGNATURE MARKET		



1	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
Manak		CEASED NAME FIRST PE OR PRINT) Fran	k	MIDDLE	McDo	NAST I	20. DATE KNOW OF ESTI- DEATH MATE	N MONTH	DAY YEAR 15 1982	Zb. HOUR			
P. P		ale Black	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	момтн	DAY YEAR 16 1982	12:12 D. M			
SSSEED 77	50	PREIGN COUNTRY)	76. CITIZEN OF WHA	ę	WIDOW		ED 🗆 Baltimo	re City		MD.			
PAGE PRIED		Baltimore	925 Bro	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 925 Brooks Lane				-)	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY				
D. 21201 P. AND 3 TO SHOULD BE SHOULD BE SECORDED.	Ma. S	AL RESIDENCE IN IN NURSING HOME TATE 13b. COUN		13c CITY OR TOWN		13d. INSIDE CITY LIMITS? YES PO [130 STREET ADDRESS A	DOKS	LANK				
A SESTE	14	ATHER'S NAME /EA2EL M	MIDDLE Dou	E / Past			5 BONVE		LAST				
L. BALTIMORE. URS AFTER DEA B. GIVE PAGES WITH FORM P IT. PAGES 1 AN DIVISION OF	16a. \	MAS DECEASED EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURIT 0-60-36		17. INFORMANT SURVICE	7 Dowell	4362 ·	pr 1/9	wes			
201 W. PRESTON ST UTED WITHIN 24 HO UTED WITHIN 24 HO EXAMINER ALONG STAL-TRANSIT PRAN D MENTAL HYGIENE ON, OR REMOVAL.	MEDICAL CERTIFICATION	APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Cardiomyopathy IMMEDIATE CAUSE (o). Conditions, at ony, which gove rise to immediate cause (o) starting the under- lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b).											
E SHOULD BE WORD "PEND BE WORD "PEND BE CHIEF MED BE CHIEF AND BE USED AS, INTO HEAL!, CRE		198 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPER	W MOITA	AS PERFORMED?			20 AUTOPSY YES XX	? NO []			
ION OI INFICAT STHEVA TO TH HOULD HOULD ARTME		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	MONTH DAY YEAR	2		D (ENTER NATURE OF INJURY IN 171	EM 18 PART I OR PA	ART 2)				
DIVIS THIS CER WARDED WARDED PAGE 3 SI TATE DEP		21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OI STREET, FACTO	INJURY (AT HOME, RY, FARM, ETC.)		CATION TREET	CITY OR TOWN	со	DUNTY	STATE			
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERTAL DIRECTOR: RAFTER DEATH, WITH THE SI BALTIMORE, MARYLAND,		ACTUAL SIGNATURE	V/V	Accident . Su	Autops	Hamicide TITLE (SPECIFY) D. Assistan	Undetermined manner	and in my or , DATE SIGNE	3-16-9	32			
1301Bb===	10	URIAL, CREMATION, REMOVAL	3/20/51	23c. NAME OF CE		- nn	12001	yar goul	SI CALIN	ATE			
DHMH-17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR	A LADDRESS	6354	11/2	WAR	REC'D. BY REGISTRAR 19 1982	REGISTRAR'S S	URE				

MARKET MARKET WITH MARKET WARREN



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	FOR
-	STATE
	REGISTRA
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	64		-	
	REG. N	10.		
ATE OF	DEATH	MONTH	DAY	VEAS

	REG. NO.	
(TYPE OR PRINT)		YEAR 26 HOUR
LADELL MCFADDEN	03-31-82	10:33pm
	N YEARS LAST BIRTHDAY) IF UNDER	
male black 5 16 1933	48 YRS	DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8 9 BALTIA	48 YRS ORE CITY OF COUNTY OF DEA	ATH
COUNTRY) MARRIED & NEVER MARRIED L		
	timore city	MD.
		CIND OF BUSINESS OR JSTRY
Baltimore Church Home Hospital		
USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 134. COLLY OR TOWN 136 INSIDE CITY LIMITS? 136. STREE	T ADDRESS	
Md Baltimore YES ₩ NO□ 143	9 Mullikin Ct	
14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME		
Johnny McFADDEN Eva	MIDDLE	ıllwood
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	IIIWOOQ
YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) N/A Celetha McFadde	an 1212 Homer	ava boor
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
PARTI DEATH WAS CAUSED BY CARDINGENIC SHOCK	81	IWEEN ONSET AND DEATH
PDORARI V MVOCADDIA	INFADCTION	
CUDONITO TOURN ALCOHOLITOR	LINFARCTION	
Conditions, if ony, which gove rise to immediate		
cause (a), stating the Underlying cause last		
(c)		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	ART Tro
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3 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AU	TOPSY? 20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
YES [NO YES	NO [
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET		
	CITY OR TOWN COU	NTY STATE
AT WORK AT WORK ON STOCKED Streeted the design of the desi	3-31- 8	2
Trail certify that the deceased from		, that (I) we lost
above, (1) (we) (ald a) did not) view the body after death.		
22b. SGNATURE 1 2000 1 30 DEGREE		DATE SIGNED
ATTENDING MEDICA PHYSICIAN DIRECTO	R PHYSICIAN	131/82
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS CULIDCH HOCI	PITAL CORPORATION	NO.
* THURCH HUS		V11
CHURCH HUSH		AND 21231
DR. IMPAGLIATELLI WALKER M.D. 100 N. BROADWAY I	BALTIMORE, MARYL	AND 21231
DR. IMPAGLIATELLI WALKER M.D. 100 N. BROADWAY I	BALTIMORE, MARYL	

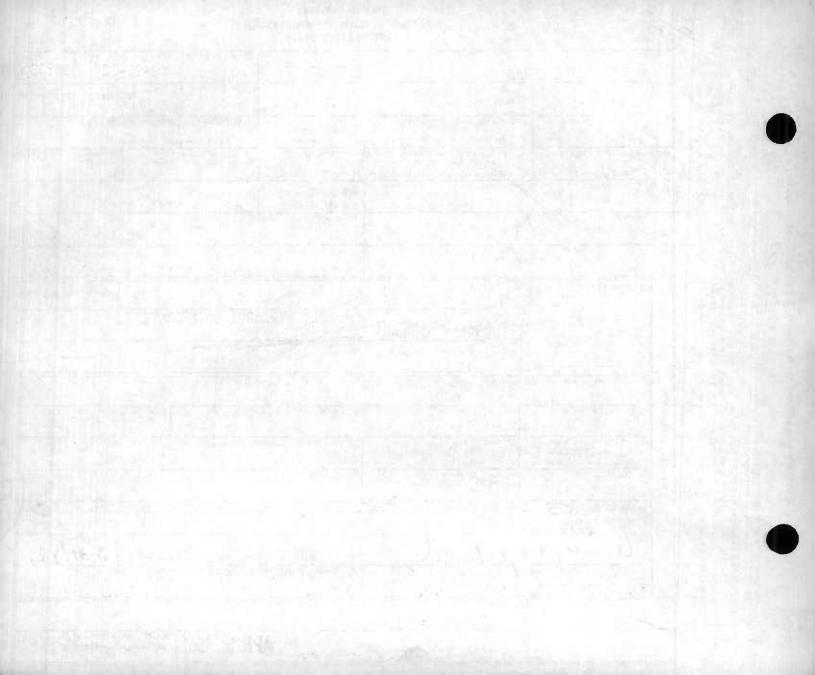
retained by the haspital or attending physician

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fushould be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

William C. March F/H 1101 E. North Ave



	-					MARYLAND		at a	1 1 -1	
		FOR STATE				H AND MENTAL H	7 6.4	U	000	la
	1 DE	REGISTRAR CEASED NAME FIRST	WEI	MIDDLE	IEK.2	CERTIFICATE O		REG. NO.		
MI CONTRACTOR	(TYE	E OR PRINT)				LASI	Or Or	KNOWN XX		2b. HOUR
L SE	3. SEX	ANETTA (LAN	ITA / Is. DATE OF BIRTH	MCFADDE 6. AGE (IN YE		NDER 1 YR. IF UNDER			-17-829	M M
Z.B. 732			2 14	YEAR LAST BIRTHD	AY) MÔN		24 HRS. 2c. DATE MIN. PRONOU DEAL	NCED		7:42
SAR ALD	I fo	emale black IRTHPLACE (STATE OR IREIGN COUNTRY)	7b. CITIZEN OF WH	The second second	I e		O RAITIA	MORE CITY OR CO	-17-829	- am
SS S S S S S S S S S S S S S S S S S S	FC	PREIGH COUNTRY)	II.	SA	WIDO	RIED NEVER MARRI	IED X	timore Ci		
IS N. CED.	ID C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM			12a USUAL OCCU	PATION (TYPE OF W	ORK 126 KIND OF BU	
HALL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY. PLASE DRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR OUT BE SUSED AS A BURIAL-TRANSIT PERMIT. PAGES 1. AND 2 SHOULD BE FILED, WITHIN OF HEALTH AND MENTAL HYGINE, DIVISION OF VITAL RECORDS, 201 WE PRESTURED. DRIAL, CREMATION, OR REMOVAL.	R	altimore		CILITY, GIVE STREET ADDRESS) DKINS HOSPI	tal		FOR MOST OF WO	RKING LIFE)	OR INDUSTI	RY
PRO STEP	THEIL	AL RESIDENCE (IF IN N. TATEMD	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	ONI	13d. INSIDE CITY LIMITS?	III. STREET ADDR	F.C.C		
21201 ANV AND 3 RETAI POULD	130. 3	MD		Baltimo	re	YES X NO	13e STREET ADDR 908 V	alley S	t.	
MD. MD. M. 3.	14. F/	ATHER'S NAME	WIDDLE	TAST		15. MOTHER'S MAIDE	NNAME	MIDDLE	LAST	
A PA	2	Anthony	Mo	cFadden		Caroly		Will be a second of the second	Lucas	
PAGES 1.	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS		
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ST., P		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per line	for (a), (b), and (c).)	TIL DE				APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
ON O			TE CAUSE (a)			death synd	drome			
PRESTON THIN 24 H THIN 124 H TEN 1150 ANSIT PER AL HYGIEN REMOVAL		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
MITAL MARIEN	-	gove rise to immediate couse (a) stating the under-	(b)	10.1.00.00.00.00.00.00.00						
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AL E AND ATTO		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBITING TO DEATH	RUT NOT RELATED ID THE TERM	INAL DISEA	CE OF CONDITION CIVEN IN 84	OT 1			
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LEAN FEMALE	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPER	ATION V	VAS PERFORMED?			20 AUTOPSY	?
F VITAL RE SHOULD WORD "PE RE USED A DE USED A	TIFE								YESK 🕏	NO 🗆
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DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." REDED TO THE CHIEF E 3 SHOULD BE USE TO SEPARTMENT OF HOT PRICE TO BURIAL	3	UNDERLYING OR CONTRIBUTING CAUSE OF			`					
VISI OED 3 SF	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE		OF INJURY (AT HOME,	21f LC	CATION STREET	CITY OR TO	IWN	COUNTY	STATE
DI THIS WARE PAGE TATE	1	WHILE NOT WHILE DAT WORK								91716
ATE, T ORW JR: P LD, 2		22a. I certify that I took charg	ge af the remains des	cribed obove, held on	Autas	osy XX Inspection	n . Inquiry	, and in m	пу оріпіоп	
NAME OF THE PROPERTY OF THE PR		death resulted fram: Notur	ral causes X.	Accident Su	icide [, Homicide	Undetermined m	anner .		
WILD DIRE		MA.	i- A	UL An		TITLE (SPECIFY)				
¥#¥¥##~		SIGNATURE WOLL	pre m	ne mell	^	<u>ADAssistant</u>	MEDICAL EXA	MINER SI	ATE 3-17-82	
MEDICAL CUTE THE CUTE THE FUNERAL TIMORE,	-	EXAMINER'S NAME								
TO MEDICAL EXAMINER: THIS CERTIFICATE SHEECUTE THE CERTIFICATE. WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CAPINER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BUILD BUTTON TO	22 6	(TYPE OR PRINT)Marc		Korell, M.D.			Penn Stre	et		
	230.B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CE			23d. LOCATION			TATE
100 SBP	24 F	Burial	3/22/82	Westvi	ew N	Memorial 1250 DATE	Baltin		CO. MI	
DHMH-17 (VRA15 ME(5))	-	Wm. C. March	F/H 11	01 E. Nor	th	Ave. MAF	7 1 9 1982	Parnes	Van Narth	Row
15M 2/80		init of Haren	-/11	OT H. MOL	CII I	140.	- 1001	7		100

Margare Ma Halle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

(TYPE OR PRINT)		W.	MCFARI	AND		03/16/8		AY YEAR	26 HOL	25 ₁
3 SEX	4 RACE	5. D	ATE OF BIRT	Н		6. AGE (IN YEARS LAST BIRTHE		FUNDER 1 YEAR	IF UNDER	24 HRS
Male	Wh	ite	8 8	11	78	3	YRS.	ONTHS DAYS	HOURS	MIN.
74 BIRTHPLACE (STATE OR FORE COUNTRY) Texas	IGN 76 CITIZEN OF U.S.	٨	ARRIED		RRIED 🛣	BALTIMORE CITY OR BALTIMORE	COUNTY			MI
10 CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HO THE FACILITY, GIVE STREET ADDRE JOHNS HOPE	55)		ITAL	120 USUAL OCCUPATION	VORKING LIFE	12b. KIND O INDUSTRY N/A		
USUAL RESIDENCE (15 NURSING 130 STATE 131 Florida	HOLE OR OTHER INSTITUTION COUNTY Leon	GIVE RESIDENCE BEFORE ADMIS 136. CITY OR TOWN Tallahasses	SSION) 13d 11	VSIDE CITY		13e. STREET ADDRESS 1334 West	Haven		7	
Jeffrey	Lewis	McFarland		FIR	AAIDEN NA.			Fir	T	
160 WAS DECEASED EVER IN I	U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17 IN	FORMAN'		ADDRESS	5		202	00

	2.0110	OCTIFC	y ricial talle 1554 West 118	aven ot.
DADT I DEATH WAS CALISED BY	DUE TO, OR AS A CONSEQUENCE OF (b) HEPATIC FRIENDS WITH GAS DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	lac Arrest	BETWEEN ONSET AND DE	
2040 DUE TO. (Conditions, if any, which	OR AS A CONSEQUENCE OF			
		W.LIMT.	for Aute Lymphoghe Lenkern	8 wk.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00

VE HOST Disouse 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY MONTH DAY YEAR

AT HOME STREET, FACTORY OFFICE, FARM ETC)

200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY

(IF YES, GIVE WAR OR DATES)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

Jeffrey McFarland 1334 West Haven Ct

COUNTY STATE

32308

22a. I certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death

23b DATE

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

STAFF

CITY OR TOWN

226. SIGNATURE

PHYSICIAN 22e ADDRESS

ATTENDING

DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

23d LOCATION

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal/Burial

FOR

- STATE

REGISTRAR

N/A

CERTIFICATION

MEDICAL

Hem 18

rked or

MPORTANT: IF

DECEASED NAME

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

CITY OR TOWN Tallahassee

03-19-82 24 FUNERAL DIRECTOR Balto., Md.

Roselawn City Cem Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

MEDICAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

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34-12	
The state of the s	
Market and the second second	
	AT THE RESERVE OF THE PARTY OF
	Telephone Code (1974) (

- STATE REGISTRAR

1. DECEASED NAME

Margaret

Baltimore Citu 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 3409 North Point Rd Daley Same APPROXIMATE INTERVA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 🗆 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death occurred an the date and hour and fram the causes stated 22c. DATE SIGNED 3/24/82 PHYSICIAN DIRECTOR PHYSICIAN Burial 3/29/82 Holy Redeemer Baltimore, Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

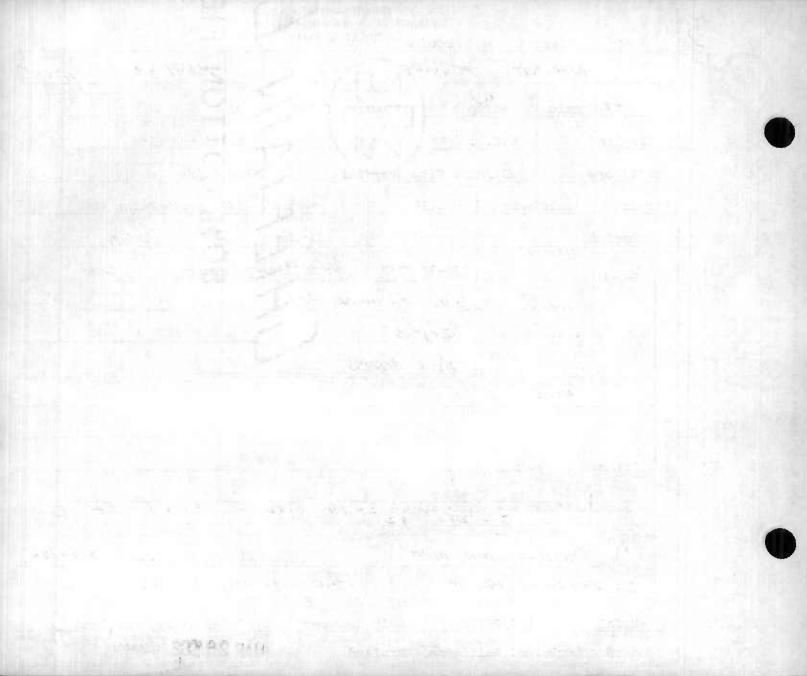
REG. NO

26 HOUR

IF LINDER 24 HRS

IF UNDER 1 YEAR

McGuire



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 26 HOUR March 30, 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 2718 Oakley Avenuer Montague 219-28-1082 Earlie McKnight 2718 Oakley Ave.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

MD

24 FUNERAL DIRECTOR

- STATE

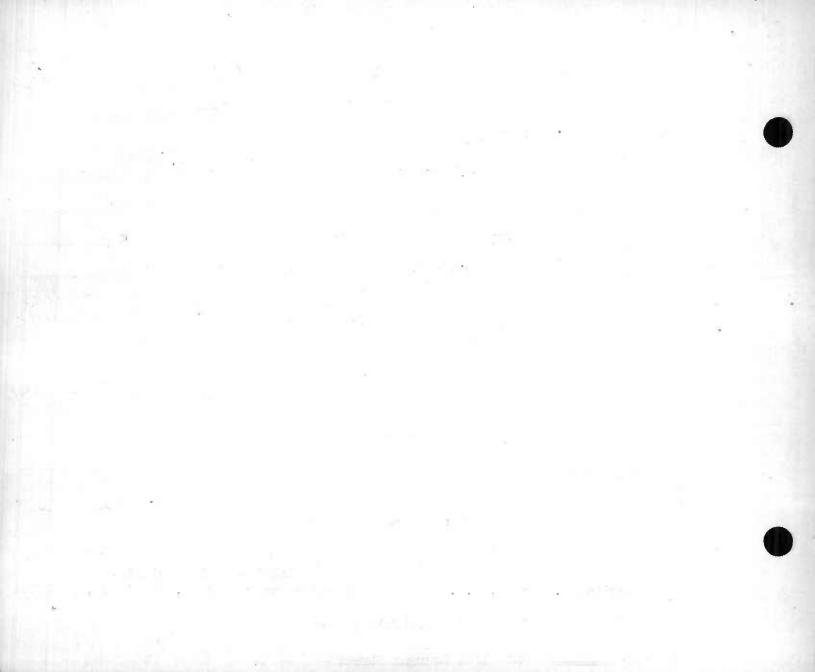
REGISTRAR

1101 E. North Ave. Wm. C. March F/H

to dear failures - mount I yellown and addressed out to new True Commence of has prestanting 5 years 0 49 hand 18 chick "18. 0" Suren 11 1/20 Donald up - 2/31/82 Survey of MAC BOOMS ME STORY PROPERTY HORSE Wil HOUZEGER

Morton & Sons 1701 Laurens Street

STATE OF MARYLAND



10		1	FOR - STATE	DEPAR	TMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 2 0	6 6 3 /
e P	7.5		REGISTRAR CEASED NAME FIRST ELIZA	BETH ANN		ASI LAUGHLIN	THE DATE OF BEATTI	1982 25 HOUR 1982
ge 4 may	(M)	3 SE	× EMALE	WHITE	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS.	IF UNDER LYFAR IF UNDER 24 HRS
Seoth Pog	1 75	30"B	IRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	2 8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	
rs offer o	100	10 0	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE ST. AGNES	HOSPIT		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFT DESIGNER	12b. KIND OF BUSINESS OR INDUSTRY MAPS Co.
in 24 hou	B C		MD ANN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13% CITY OR TO EARUNDEL SEVERNA		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 540 DEVENSE	HIRE CT.
ored with	1020)	CHARLES	M, WEIC		15. MOTHER'S MAIDEN NA/ FIRST ANNA	MIDDLE	SHIELDS
be exec	12		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) { IF YES, C	ARMED FORCES? 16b SOCIAL SEC GIVE WAR OR DATES) 206-16		RANDALL M	. Mc Laughlin	(SAME AS 13)
equires that the death certific	in signed by the ottending ph Then please remove corbon pi r to burial, cremotion, or remo injury, or other troumotic even	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ	UENCE OF	olpral W	leading. INAL DISEASE OR CONDITION GIV	EN IN PART No
E. The low sicion.	cote hos been roust permit. Hygiene prior	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATIO		IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ING PHYSICIAN	After this certification os the burial-tron th and Mental Hy torked or Item 18 s	MEDICAL C	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICALEXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	DAY YEAR 19 FARM, EFC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSF			Kiran Parikh BURIAL, CREMATION, REMOVA SPECIFY BURIAL	AL 23b DATE 23c		EMETERY OR CREMATORY HAVEN CEMETER	27d. LOCATION CONTROL BURNIE	ANNE ARUNDEC M
	- 16 50M 1/81 (RA 15, 4)	1	POBERT S. B.			PARK, MO. 25 MA	REGID BY REGISTRAN 340. REGIST	CAR'S SIGNATURE

State of the state MD Simplement for X STO T AND STORY CHARLES MY WARDER BANKS IN STATE OF Mo ... 22 JG - NYS MANDALL AL MCLAUCHLIN (ETHAL SELLE) BINDARY MARKETANE GARS HAVER CHARAGE GRAN GLOVE BONGS HONER AND Notice of Report of the Committee of the

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI JANET RONETTE MEADOWS MARCH 09,1982 05:07AM SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 18 8 TAR Black Female To BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY MD USA BALTIMORE CITY WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR MEDICAL JOHNS HOPKINS HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MARYLAND 21201 Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
130. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 4050 Park Heights Ave. MD Baltimore YES T NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE THE Ronald Jeanette Meadows Jones BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT No Jeanette Janet Jones 4050 Park Height OF 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PULMONARY PAILURE month SMITH IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF PNEUMONITIS month Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost D CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) VITAL RECORDS CERTIFICATION BY POSSIBLE NEAR- MISS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED ò MED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH NON MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF IN IURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE S 0/1102 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased live on 317
obove. (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGNED M.D MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT, ANDREW STREET BALTIMORE HARRIS N. WOLFE 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE 23d. LOCATION Burial MD 3/12/82 Westview Mem. Pk. Baltimore Co. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Wm. C. March F/H 1101 E. North Ave.

STATE

DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY LEARERY INESS OR MANAGER MOST OF WORKING LIFE) MFG. 3002 LIGHTFOOT DR. #21208 PETUSKE MRS. MOLLIPPMERNICK 21208 BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DAJE SIGNED COUNTY MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/B1 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO..

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER I YEAR

20 DATE OF DEATH MONTH

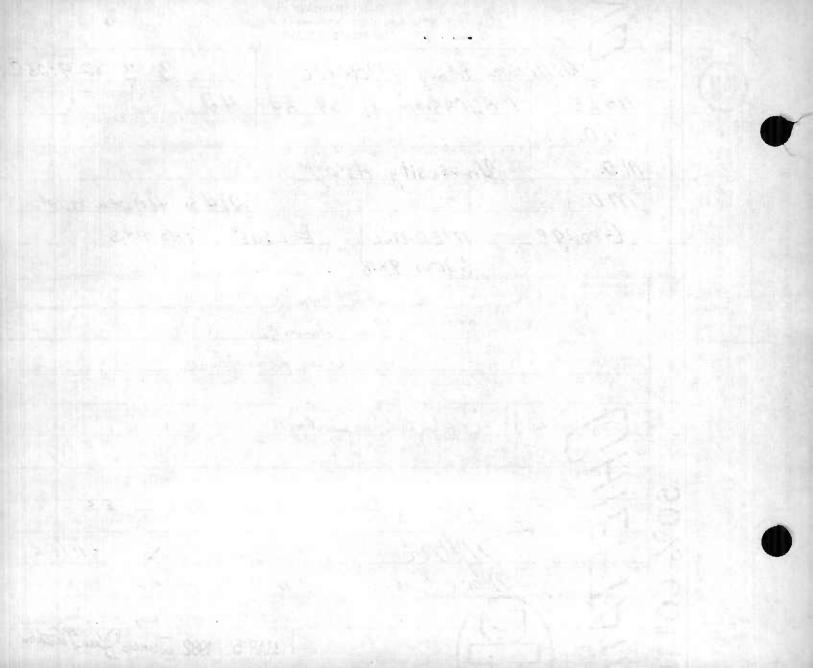
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是重		1		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
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A LE	CTO for	121		saw the decease abave, (I) (we) (d	d olive an.	t) view the bady	ofter death.	87.0	nd that in (my) (our) opinian	death accurred an the d	ate and haur and fr	am the causes stated	
80	DIRE DIRE Dept	Herr		22b. SIGNATURE		0 1			DEGREE			C. DATE SIGNED	
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OSPI	FUNER old be d	RTA		22d. PHYSICIAN'S NA					22e ADDRESS				
2	TO Fi	IMPORTAN				BALKE				INS HOSPITA	L BAITI	MORE MD	
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DH	MH-16 50M 1 (VRA 15, 4)	/BI	24.70	NAME 6010 RETS			ADDRESS		NA C	RE105 1982	Charles D	HARMACAN HER AND	
				OUTO KETS	TEKOL	LOWN KD.	DALIU.	· IVID	41410				

19.30 1 30

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 four after drawn. Page 1 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled. In the literature of should be detacted for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled. If the please prior to burial, cremation, or removal.	IMPORTANT: If hem 21 is marked at hem 18 shows any injury, at other traumatic event, the medical argument at a contract of the medical argument at
10.21201	24 hours after death. Page 4 may b	led in by the teneral discrete old be filed within 72 hours.) September of Section

DHMH - 16 50M 1/B1 (VRA 15, 4)

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1	FOR - STATE		DEPARTA		REALTH AND MENTA		0 4	U	0 0	9 4
Ε.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	10		
1. DI	CEASED NAME	FIRST	WIDDLE		LAST	20. [ATE OF DEATH	MONTH DAY	YEAR	26 HOUR
{1 A8	PE OR PRINT)	illiam	HADNI	m	F10111			2 2	82	9:25%
3 SE		4 RACE	HIROG	S DATE O	DE BIRTH	6 AC	GE (IN YEARS LAST BI	ETHDAY) IF	UNDER I YEAR	IF LINDER 24 HRS
	MALE	CAL	ICASION	MONT	24 3		42		NIHS DAYS	HOURS MIN.
Pri t	IRTHPLACE (STATE OR FOR	REIGN TO CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	7 9 B	LTIMORE CITY	OR COUNTY O	FDEATH	
110.6	ITY OR TOWN OF DEATH	SA US		WIDOWE	DIVORCE		Baltim			MD.
10 0	.IIT OR TOWN OF DEATH	(IF NOT) SI	CHEACILITY GIVE STREET		OR OTHER INSTITUTION		USUAL OCCUPAT OF WORK FOR MOST (12b. KIND OI INDUSTRY	F BUSINESS OR
	1110.	U	niversit	4 1	TOSP. MIEI	100	None		none	
130	STATE	HOME OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE	(MISSION)	134 INSIDE CITY LIMI	TC2 1120	TREET ADDRESS			
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14 F	ATHER'S NAME			-1	15 MOTHER'S MAIDE	NNAME	0,0	11110	019 //	00
	12000	GP Hardy	m Fast	111	BIRST	1 - · Y	irginia,	1 ma	LAST	
160	WAS DECEASED EVER		16b SOCIAL SECU	PITY NO	17 INFORMANT	-DIF	ADDR	0////	2	
, 00		(IF YES, GIVE WAR OR DATES)	0.00	nilac		201	A00K	- 33		
	No.		220-01-	7720	Mrs. Elsie	e V. M	errill (mother)	same	
	18 CAUSE OF DEATH	Enter only one couse pe	er line for (a), (b , one	dic					APPROXIA BETWEEN O	MATE INTERVAL
	PART I. DEATH WAS	MEDIATE CAUSE (a)_	plas	ecrol	2 arres	t				
	4212		OR AS A CONSTOLIE	NICE OF		Haran.	we will			
	Conditions, if ony,		DR AS A CONSEQUE	The Comment	in dame	. 0				
	gave rise to imme	diate		0,10	00.00	7		,		
	underlying cause	lost. DUE TO, C	DR AS A CONSEQUE	NCE OF	1.00.	1	· la a			
		(c)		Ulive	vous r	LINGT	mege			
z	PART 2 OTHER SIGNIE	EICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION										
SA	190 DATE OF OPERATIO		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20	a AUTOPSY?	20b. IF YES, V	VERE FINDIN NG CAUSES (GS USED
E	2/24/	82	"erebell	len h	emercher	YE	S NO	YES		NO 🗆
U	210. ACCIDENT WAS UNDER	- Comment	OF INJURY	V VEAD	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
¥	OR CONTRIBUTING CAL		P.M.	19	TO COLUMN					
MEDICAL	21d. INJURY OCCURRED	D 21e PLACE	OF INJURY		21f. LOCATION					
W	WHILE NOT WHILE	[] AT HOME S	TREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TO	NWN	COUNTY	STATE
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-	saw the deceased	olive an	y after death	8 C, ar	nd that in (my) (our) op	oinian death	accurred on the d	ate and hour a	nd fram the c	ouses stated
	22b. SIGNATURE	Tara not new the box	m/s		DEGREE				22c. DATE	SIGNED
1			1111000		ATTENDI PHYSICI		DICAL STA		3/3	112
	226 PHYSICIAN'S NAM	LE (TYPE OR PRINT)	for a		22e ADDRESS	AIN U DIK	CTOK PITTSK		1-/-/	
1		Mi	ner CA	10117	11 1	mn	doce	TAL		
0.2	SUPLAN CONTINUES				01.	111	,			
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		β/6/82	pale	am Me	thodist Chu		em. Poco		or., N	Maryland
	UNERAL DIRECTOR		ADDRESS		25	_ ~	D. BY REGISTRAR	256 PEGISTRA	R'S SIGNA	Wather.
H	JLLOWAY FUNE	ERAL HOME,	Salishuru	Md		MAR 5	1982	CAMICES	7	MIE SANS



STATE OF MARYLAND

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4	1	FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	6 0 4
W		CEASED NAME FIRST Mary	Bailey	MESSICK	20. DATE OF DEATH MONTH D	28. 110 OK
A	1 SE		I4. RACE	5. DATE OF BIRTH	March 8, 1982	7:00a
-		Female	Black	1904	77 YRS	ONTHS DAYS HOURS A
41)	7.в Ма	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Baltimore City	OF DEATH
8/10		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Maryland General	G HOME OR OTHER INSTITUTION CDD#ESS) Tal Hospital	126 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE Shipping Rec. (126 KIND OF BUSINESS INDUSTRY HOOF
	Ma	ryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JINTY BALTIMO	T.6 YES A NO	13e. STREET ADDRESS 2129 E Baltimore, Mary	Etting Str rland 212
Sex (ATHER'S NAME FIRST Charles	F. Bail		ria	LAST
e medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	RITYNO. 17. INFORMANBALT. 0190 Mr. Ansel		
njury, ar ather traumatic eve	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		AINAL DISEASE OR CONDITION GIVE	3 months
2 ans and	CERTIFICATION	January 14,19	196 CONDITION FOR WHICH	ne Sigmois Colon	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NO X YES	WERE FINDINGS USED ING CAUSES OF DEATH
or Item 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH DA ERI P.M. 216. PLACE OF INJURY	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI CITY OR LOWN	RT I OR PART 2) COUNTY STA
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If Hem		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	(ot) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/8/82
Ž.			OK PKINT)	22e. ADDRESS	Company of the second	
IMPORTANT:			A. Phillips, M.D. 1 23b. 0.2 TE 1/82 Ba]	c/o Maryla	nd General Hospit	al

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			STATE REGISTRAR		C	ERTIFICATE OF DEAT	TH	REG. NO			
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moy moy		3. SEX		4. RACE 5 DATE		DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTH	HDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
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12	11	10 C1	TY OR TOWN OF DEATH			IOME OR OTHER INSTITUTI	ION	128 USUAL OCCUPATION [1YPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY			F BUSINESS OR
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MORE execu	dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY	NO. 17 INFORMANT		ADDRES	S		
S. Po	a de		NO	214-	20-07	96 HELEN J.	. MET	CALF 9 COL	ONY HI		
BAI core	nt, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a) D BY:	, (b), and (c)	1 1 . 2				BETWEEN	IMATE INTERVAL ONSET AND DEATH
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W. F	the		couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF								
201 sed been plea	0.0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
to bu	njory	20	TART 2 OTTER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEA	BUT NOT KELATED TO TE	HE LEKWIN	NAL DISEASE OR COND	ITION GIVEN	IN PARI I o	
been mat. I	ony .	ATI	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPE	RATION WAS PERFORMED)	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS USED
no so	5 2	CERTIFICATION						YES NO NO	IN CERTIFYIN	IG CAUSES	OF DEATH?
VITAL N: The hysicio hicote hicote hygiel	8 7	CER	210. ACCIDENT WAS UNDERLYING		TH DAY	216 HOW INJURY	OCCURRE	D. LEWISE HATURE OF INDUST	INTERNIT	DEPARTE	
ICIA G pt ertificiol-tri	Hem .	CAL	OR CONTRIBUTING \(\text{C} \) CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	The second of	3/16/8	Pt. fe	11 %	hile going	10 bo	throb	m
SHYS andim of Me	0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, St. Agnes	Rm.	332 211 LOCATION	-	Monrocard	1m	Small	STATE
off of the hon	rkec	2	AT WORK NOT WHILE AT WORK	St. Agnes	Hos.	Caton &	WEERT	Me nos aganação qu	- 新加州	WE THE	
R. A Leol	is m		220.1 certify that (1) (this haspital) attended the deceased from 3/9/12, 19 10 10 10 that (1) (we) last								
ATTE Sprite CTO Story	n 21		sow the deceased alive an 19 A hathorizon door and how and from the courses stated obove, (I) (we) (did) (did not) view the body after death.								
OR OR POR	Te le	3.77	276. SIGNATURE	1 11		DEGREE	DINC	MEDICAL STAFF		22c. DATE	SIGNED
ITAL by th RAL dete	Z		11 sedro 11 6	arrabal		PHYSI	ICIAN []	DIRECTOR PHYSICI		3//	9/82
HOSPITA ned by FUNERA uld be de	RTA		D , THE PHYSICIAN'S NAME (THE O	A MARINE		22e ADDRESS	1	11			
TO HOSP retained TO FUNE should be	MPORTANT		Vedro t	· HRRABA	12	Sl.	1191	ves Hosp			
6000		(URIAL, CREMATION, REMOVAL	23b DATE		E OF CEMETERY OR CREMA		23d LOCATION	*******	OUNTY	DUT ANAU
OOOBP	-		BURIAL INERAL DIRECTOR	03-22-82	MEA	DOWRIDGE MEM		74.00		D MA	LAND
DHMH - 16 50M 1/ (VRA 15, 4)	81	HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.								paragra -	
		111	DDDULD LONGIVATI	HULLE LIVE 4.	TO / MIT	TIVELLO UALL	TAIL /				

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STATE OF MARYLAND

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STATE OF MARYLAND

Item 6 g567 5/3/82 gi

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TO FLAVERAL DIRECTOR: After hauld the detached for use of with the Stone Dept. of Health is MADRITANT. If hem 21 is mark

DHMH-16 50M 1/81 (VRA 15, 4)

etained by

		500			E OF MARYLAND	12 17	0 6	2 1 0				
	1.	FOR - STATE	DEP		EALTH AND MENTAL	HYGIENE D	0 0	0 4 1				
		REGISTRAR			ICATE OF DEATH		. NO.					
	1 DE	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		AR 2b HOUR				
1		JOHN	В.	M	IHALIK	MARCH 9,	1982	3:05 pm				
1	3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAS						
7		MALE	WHITE	OC		2 69	YRS	DAYS HOURS MIN.				
	7a. Bi	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY OF DEAT	н				
0		O H 10	USA	WIDOWE		7 4 1	O CITY	MD				
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		12a USUAL OCCUP		ND OF BUSINESS OR				
2	13	BALTO CITY	CHURCH		E HOSP.	WELD	ST OF WORKING LIFE) INDUS	STRY				
	Usu	AL RESIDENCE (IF NURSING HOME O		BEFORE ADMISSION)								
1	130. 3	STATE 13b. COU		LTO	13d. INSIDE CITY LIMITS		ELLIOTT S	4 3 3 3 3				
	14 FA	ATHER'S NAME			15 MOTHER'S MAIDEN		, 22/0/1	114				
E		In / m	MIHAL	1.0	ANNE	Middle	SHANDA	LAST				
7	160 V	WAS DECEASED EVER IN U.S. AI		SECURITY NO.	17 INFORMANT		DRESS	TLA				
	()	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	11-91100	0							
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY: MM METASTATIC SMALL CELL CANCER OF THE LUNGS										
	10	IMMEDIA	TE CAUSE (a) NA ITE	INSTALLE	SMALL CELL	CANCER OF I	HE LUNGS					
		1629	DUE TO, OR AS A CONS	SEQUENCE OF								
		Conditions, if any, which gave rise to immediate	(b)									
	34	cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF			37 - 10 - 1					
		underlying cause last. (c)										
	,	PART 2. OTHER SIGNIFICANT	ONDITION GIVEN IN PAR	RT 1(o								
	IFICATION	ARTERIOSCLE	ROTIC CARDIOVA	ASCULAR	DISEASE							
2	CA	90 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FILL IN CERTIFYING CAL					
K	E I		Charter			YES NOT	YES	NO [
3	CERT	21a. ACCIDENT WAS UNDERLYING		DAY VEAD	21c. HOW INJURY OC	CURRED (ENTER NATURE OF I	JURY IN ITEM IB PART I OR PAR	T 2)				
71	CAL	OR CONTRIBUTING CAUSE OF DE	AIII	DAT TEAR								
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OF	TOWN COUNTY	Y STATE				
	M	WHILE NOT WHILE	(AT HOME STREET FACTORY, OF	FFICE, FARM, ETC.)	ZIMEEL	CITYO	TOWN COUNTY	T STATE				
8		27s.1 certify that (I) this hosp		MARCH	1 19	82 ,MARCH 9	19 82	_, that (I) (we last				
	1.2	sow the decementalive of above, (It (we) did told to	SMARCH 9	.19_82, on	d that in (my) (our) apir	nan death accurred on the	date and hour and fram					
	10	174 SIGNATURE	The body affect of	11	DEGREE		776.0	ATESIGNED				
	1	1/161	levetto 1		ATTENDIN	G MEDICAL S	TAFF	660				
	35	THE PHYSICIAN AUGUST			PHYSICIAI 22e ADDRESS	N DIRECTOR PHY	SICIANI	19/82				
Н	100	1/7	Jan Mal	110.4	100	11 RM	ndleses					
-	22- 5	LIBIAL CREMATION AS	ume vel	TUNK	100	iv force	cur way					
	230 8	BURIAL, CREMATEN, REMOVAL			METERY OR CREMATO	RY Zd. LOCATION	COOMIT	mb.				
	24 51	BURIAL	3/12/82	UAK	LAWN		BALTO					
		NAME	ADDE			AAD 1 6 1002	ARIZSE REGISTRANS SIG	NASTE TE				
	CC	ONNELLY FU	NERAL HOME	DU	NDALK	100 - 100C	dimuces Har	M Inman				

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DECEASED NAME

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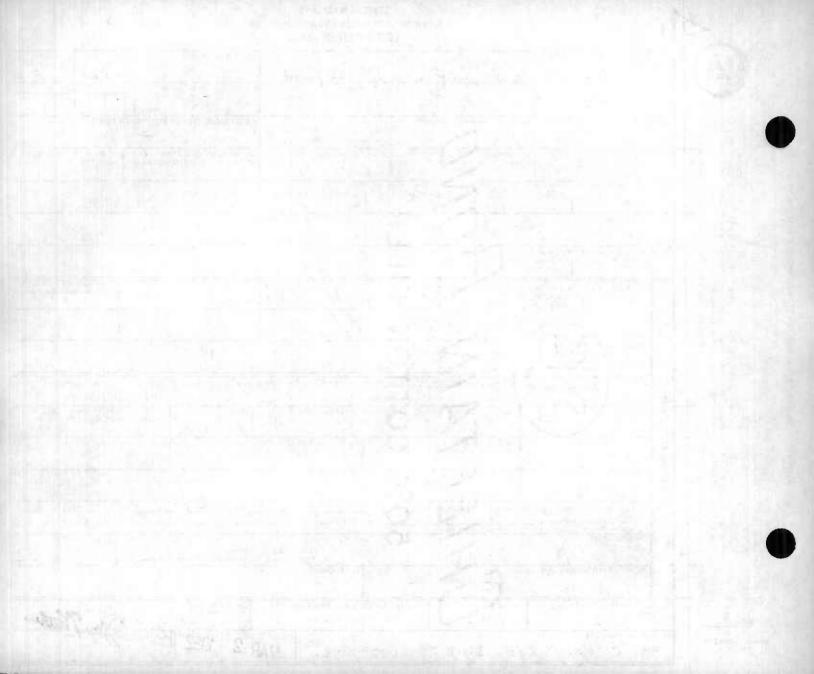
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

AL HYG	IENE 8 2	U	0 0	(2) C
	REG. NO.			
d	20. DATE OF DEATH MONTH	H DAY		2b. HOUR
S R	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER I YEAR	HOURS MI
0 0	9. BALTIMORE CITY OR CO	UNTYO	FDEATH	
N	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE)	12b. KIND C INDUSTRY	F BUSINESS (
AITS?	13e. STREET ADDRESS 2818 Brig	hto	n St.	
Ley	WE	В	agwoo	od
D.	Coles 2818	Bri		
A	rest		BETWEEN	IMATE INTERVAL ONSET AND DEAT
IE TERM	INAL DISEASE OR CONDITIO	n GIVEN	IN PART 1	a i

	Female	Bla	ick	~1~2 2~5	2'5'	56	YRS.	HS DAYS	HOURS	M IN.		
Colores	70. BIRTHPLACE (STATE OR FOR COUNTRY) GA	76. CITIZEN OF V	A	ARRIED 🔀 NEVER	MARRIED -	BALTIMORE CITY O		DEATH		MD		
-0	Baltimore		HOSPITAL, NURSING HO H FACILITY, GIVE STREET ADDRE L'AN HOSPI			20 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		26. KIND OI NDUSTRY	BUSINE	SS OR		
5	USUAL RESIDENCE (IF NURSING 130. STATE 13		GIVE RESIDENCE BEFORE ADMIT 134, CITY OR TOWN Baltimor	rightor	on St.							
C	14. FATHER'S NAME FIRST Clyde		Anderson 16b. SOCIAL SECURITY	7	's MAIDEN NAME Palley		igwoo	d				
	16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	l8 Brig	jhton	st								
	18. CAUSE OF DEATH PART I. DEATH WAS Conditions, if only, w		APPROXIA BETWEEN O	NATE INTER	JAVI DEATH							
	underlying cause PART 2. OTHER SIGNIF	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
)	19a. DATE OF OPERATION	DN 19b. CONDI	TION FOR WHICH OPER	RATION WAS PERF	ORMED	204 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEAT	TH?		
1	OR CONTRIBUTING CAL	216. ACCIDENT WAS UNDERLYING ACCOUNTED TO COURT OF THE CONTRIBUTION OF CONTRIBUTION OF COURT OF THE COURT OF										
	AT WORK AT WORK	[AT HOME, STR	EET, FACTORY, OFFICE, FARM, E	211. LOCATI		CITY OR TO	IWN	COUNTY	51	STATE		
	saw the deceased	olive on (did not) view the body	190 1	ond that in (my) (aur) apinion de	oth occurred on the d	ote and hour and					
	22d. PHYSICIAN'S NAN	A / WILL E (TYPE OR PRINT) OUSTER	monan	222 ADDRE		MEDICAL STA	EIAN	3/	1/	85		
	236. BURIAL CREMATION RE ISPECIFY BURIAL 24. FUNERAL DIRECTOR Wm. C. Mar	3/6/8	2 Arb	e of CEMETERY OR Outus Mer orth Ave	n. Pk.	23d. LOCATION CITY OF TOWN Balti REC'D. BY REGISTAR 2		NAN A	V	this		
					1 1411 41							

DHMH-16 30M 2/80 (VRA 15, 4)



notified of on

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the for should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1, and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN. The law requires that the death certificate be

retained by the haspital ar attending physicia

injury, ar ather traumatic event, the medical exam

IMPORTANT: If Item 21 is marked or Item 18 shows ony

STATE OF MARYLAND

E	Ö	5	1) 6) 0	3
		REG. N			0.0	
n	ATE OF	DEATH	MONITAL	DAM	Mr. a	

1	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL H	YGIENE Ö 🚣	U Vo	6 0	2	
	1 DEC	CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	25 HOUR	
	(TYPE	ORPRINT) ANN	E B	MI	CLER		3 6	82	6:50 AM	
	3 SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS	
		TEMALE.	CAUC	MONTH 7	15-17	64	YRS.	ONTHS DAYS	HOURS MIN	
-		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY		D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH		
>		MO.	U.S.A.	WIDOWE		- 16 10 15	CITY		MD.	
)	10. CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPA	TION OF WORKING LIFE)	12b. KIND O	F BUSINESS OR	
3	0:	SALT.	SO. BALT.	6 FNEN	CAL HOSP.	VOLUNI			PITAL	
-	USUA 13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c CITY OR TON		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	100			
-		200.01	ILT. BAL	T.	YES X NO		BROOKL	YNI	ANE	
4	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN I	NAME		LAS	T	
		AUTHUR	1	su	ISABEL			TAY	LOR	
		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDI	RESS			
		DNEYD	693 ON	AK LAN						
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), a	nd (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH	
			TE CAUSE (D) CARDIO -	PULL	10NARY K	PAKEST				
		1991	DUE TO, OR AS A CONSEQU	JENCE OF						
		Conditions, if any, which	(16) ItEPAI	ric 1	FAILURE			Lu	EEKS	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF						
		underlying couse lost.	(c) METAS	SATIC	ADENOCAR	CINOMA.		10,	MONTHS	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ADITION GIVEN	IN PART 1(o) F	
10	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
	CERTIFICATION					YES NO	YES	_	NO [
	Ü	210. ACCIDENT WAS UNDERLYING	LIGHT A MA MONITH O	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN)	URY IN ITEM 18, PART	T 1 OR PART 2)		
	EDICAL	OR CONTRIBUTING CAUSE OF DEA	4141	19	SUMPLY AND THE					
	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM FIC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	¥	AT WORK NOT WHILE AT WORK		, rearry arrang				of the last		
		220.1 certify that (1) This haspi	tal) attended the deceased from,	2 -	15 19.8	2 , to3	- 6 19	82.	that (1) (we) last	
		sow the deceased alive on above, (1) (we) Idid Idid no	t) view the body ofter death.	82.01	nd that in (my) (our) opinion	on death accurred on the	date and hour a	and from the	couses stated	
		22h SIGNATURES	10.0	WS. TH	DEGREE			22c. DATE	SIGNED	
		Co Sel	1 mx		ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN X	3-0	6-82	
		226 PHYSICIAN'S NAME (TYPE	RINT		22e. ADDRESS				HEALE	
		PAUL K.	ELLY MD			. HANOVER	55.	BA	LT. MO	
	23a. B	URIAL, CREMATION REMOVAL	23b. DATE 23t.	NAME OF C	EMETERY OR CREMATOR	CITY OF TOWN		OUNTY	STATE	
			ETTITI 9. 1902	VIIII I	Hill (omoton	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ino	Monne	ana	

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR ully Funeral Home, 237 E. Patapsco Ave. Balto.

23b. DATE

edar Hi

emetery -Daltimore, Maryland

BY REGISTRAN 256, REGISTRANS SIGNATURE

manufacture of the state of the weeker that for each life COM I first it makes were companied in the partition of the same Valley in BALTIMORE, MARYLAND 2120

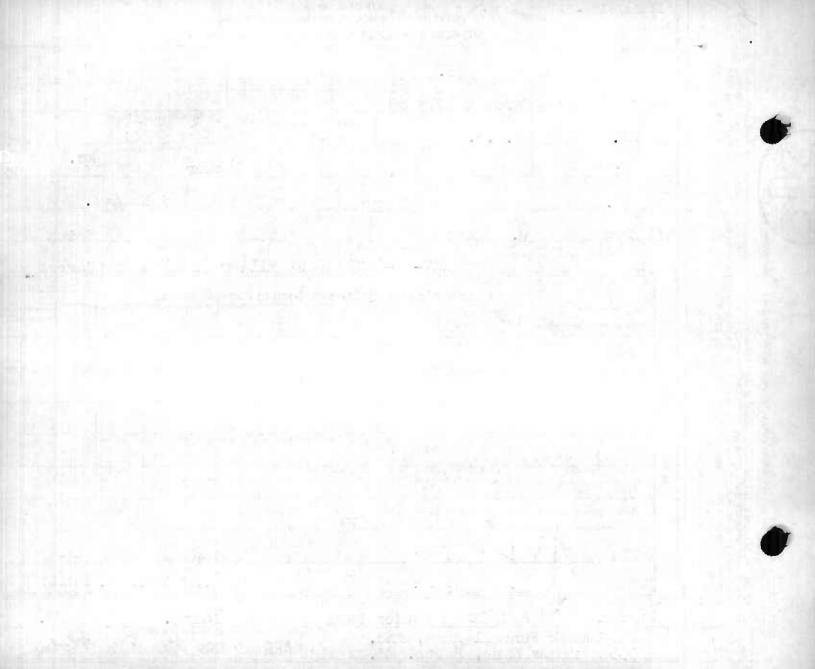
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

	March 17 (1882)		JAPAN IN		
	7.5	4901		STAR	Marco Maria
	4217 sim [3]43		NI S	FILE	January No.
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			Anour year.	I on Probably	
	The selection		garmer 23	arch I7	* 5
SHARAN:					
	igen Intended h	aslyas	Tala .	A SECTION	s ell innernalati
				18/5/3	The state of the state of

CASE Ton Card

4	Items #18a-22a Film G567 5/1/82 STATE OF MAR'	YLAND
	1 - STATE REGISTRAR MEDICAL EXAMINER'S CER'	
	1. DECEASED NAME FIRST MIDDLE LAST	20 DATE KNOWN (X) MONTH DAY YEAR 26 HOUR
OR. ES.	VIOLET S. MILI	LER DEATH MATED 3 31 19 82
SSARY, PLEASE RAL DIRECTOR. RY COUR FILES. HAYZ HOURS ESTON STREET,	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER MONTH DAY YEAR LAST BIRTHDAY) MONTHS TO	TYR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR 23 HOURS
A SOCK	Female White March 8 1918 69 YRS.	DEAD 3 31 19 82 D M
SE S		NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
Z	Md. U.S.A. WIDOWEDX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER IN	
A STATE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE)
T DEL 3 TO NIN P SED	Baltimore 5119 Wright Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	12100010 00
ANY AND RETA POUL		NSIDE CITY LIMITS? 13e STREET ADDRESS
MD.		AOTHER'S MAIDEN NAME FIRST MIDDLE LAST
JOSES 1	William J. Morris	Estella Smith
TER LEST ON	(YES, NO, OR UNKNOWN) {IF YES, GIVE WAR OR DATES}	NFORMANT ADDRESS
S AFTER DEAL GIVE PAGES TITH FORM PP PAGES I ANI		Paul Miller (son) same address
ST., OUR. N.18. MIT.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	rdiovascular disease
ON THE NORTH TO NO THE NORTH THE NOR	4 2 9 2 IMMEDIATE CAUSE (a) AT DEL TOS CLETO DE CE	ratovascular alsease
PRESTON ST., THIN 24 HOUS CIL IN ITEM 18, KR ALONG W ANSIT PERMIT, AL HYGERMIT, REMOVAL,	Conditions, if any, which	
W. WIN	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
201 W. UTED W. IN PEN IN PEN RIAL-TR D AENT ON, OR	<u>lying cause last.</u> (c)	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS I EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OT HE F. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE TO SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 18 THED AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OF VITAL RECORDS, 201 W. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1 Ia
MED BE AS.AS.AS.AS.AS.AS.AS.AS.AS.AS.AS.AS.AS.A	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PER 216. HOW IN HOUR A MA MONTH DAY YEAR 216. HOW IN	
IAL I	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PE	10 7010131.
WORE OF SECOND	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c, HOW IN	YES X NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NO THE STAND		
VISIO FERTIIING FED TO SEPA PRIC	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME 211 LOCATIO	
DIN WRIT VARD AGE ATE 1201	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET STREET	CITY OR TOWN COUNTY STATE
ATE, ORW, PR. P.	22a. I certify that I took charge of the remains described above, held an Autopsy	X. Inspection . Inquiry ., and in my apinian
MANN FERENCE F	death resulted fram. Natural causes X. Accident , Suicide ,	Hamicide Undetermined manner .
WAR WAR		ITLE (SPECIFY)
SHOE THE SHOE	SIGNATURE M.D.	Assistant MEDICAL EXAMINER SIGNED 4-1-82
WED WED	EXAMINER'S NAME ANN M. DIXON, M.D. ADDR	111 Penn St., Balto., Md. 21201
A PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	230 BURIAL CREMATION REMOVAL 236 DATE 237 NAME OF CEMETERY OR CRE	EMATORY 1991 LOCATION
, BP	Burial 4/5/82 Loudon Park	Balto. COUNTY STATE Md.
2634 DHMH-17	PAMES Chimunek Funeraless Home, Inc.	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	3331 Brehms Lane, Balto. Md. 2121	3 APR 2 1982 James Van Narthen



	L	FOR - STATE REGISTRAR		STATE OF MAI IMENT OF HEALTH A CERTIFICATE (ND MENTAL HY	GIENE 3 2	0 6	5 5 5 4
8 70		CEASED NAME FIRST WAYNETTE	Susan	MILLER		20. DATE OF DEATH	3 30	82 10:30A
	3 SE	× EMALE	4. RACE WHITE	S. DATE OF BIRTH	8 24	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER 1 YEAR 4F UNDER 24 HRS HS DAYS HOURS MIN
83	Ti. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Vest Va.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEV	VER MARRIED DIVORCED	011 mm 1130-	R COUNTY OF	DEATH
by the fulled with	110 C	ITY OR TOWN OF DEATH	VANC, NAME OF HOSPITAL, NURS	NORBLVD. BA	LTO. MD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 11	76 KIND OF BUSINESS O NDUSTRY
r 24 hour	IN	noryland C:	or other institution give residence before unity arroll West ma	15 CT YES Q		13e. STREET ADDRESS	van F	RQ
completely of 2 sh		ATHER'S NAME FIRST	MIDDLE Stephans	ou	frulla	Ann		Muliins
on ond c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) VEC	RAMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 236-22-	0355 Raj		ADDRE Miller 203 S		
ending physici ending physici e corbon paper on, or removol.		1629	DUE TO, OR AS A CONSEQU	able sep	SIC			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the de descrete at allow the at allow tiel, cremotic or other trace		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF				
he low require, on. hos been signe in permit. Then pene prior to but ows ony injury,	CERTIFICATION	71.	embory to pen va 196 condition for which	H OPERATION WAS PE		20a AUTOPSY?	20b. IF YES, WE	PART 1(0) ERE FINDINGS USED G CAUSES OF DEATH? NO
ending physici this certificate the burial-transi ad Mental Hygi d or Item 18 sh	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	CAIN	DAY YEAR 19 211 LOC	M INJURY OCCUP	RRED (ENTER NATURE OF INJUR		OR PART 2) COUNTY STATE
RALIENDING hospital or oth RECTOR: After red for use as th ppt, of Health or em 21 is marke		WHILE AT WORK AT WORK 270.1 certify that X (this has sow the deceased alive a above. X (we) (did) (X X III)	pital) attended the deceased from MARCH 30	MARCH 8	(m y) (our) opinion	, to MARCH 3 I deoth occurred on the do	- 17 cm	82 , that X (we) lose of from the couses stated
etoined by the TO FUNERAL DI should be detock with the Stote De		H Kagsler	A Jaub MD - Taub, MD.	390	DRESS	medical staf director physic aven Blvd. B		3/30/81
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	L 236 DATE 23c	NAME OF CEMETERY	etery	23d LOCATION CUTY OF TOWN Rainell	e	Uest Va.
HMH - 16 50M 1/81 (VRA 15, 4)	P	Completed	Thomas D. Fleto	cher & Son Street	F.H. 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR	S SIGNATURE

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYGIENE

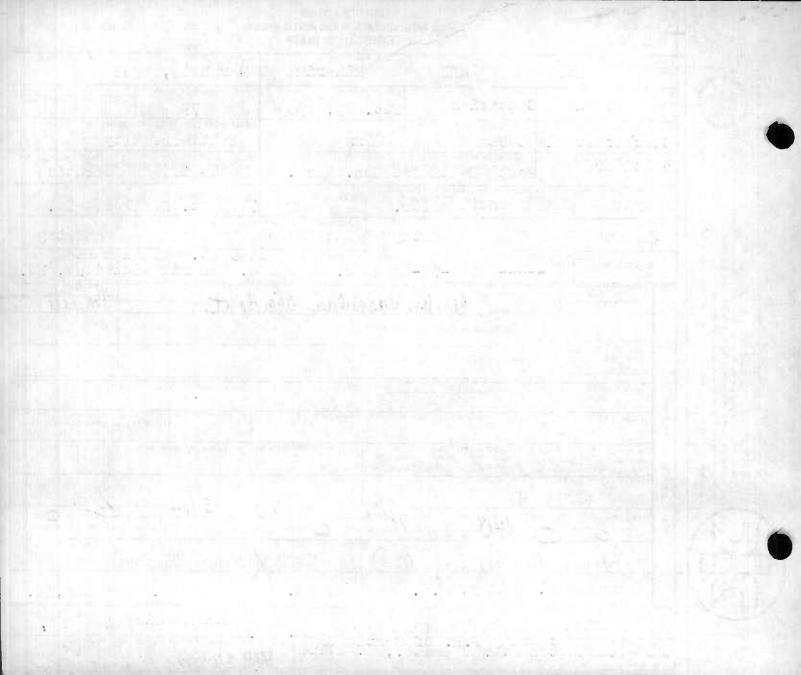
1 - STATE REGISTRAR		UEFA	CERTIF	CATE OF DEATH	REG. N	0.	7 4 4	
I. DECEASED NAME (TYPE OR PRINT)	Rose	NMN		Minarik	March 1	MONTH DAY YEAR +, 1982	26. HOUR	
3. SEX Fema	le	Caucasian	5. DATE C	29°, 1903	6 AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN	
70. BIRTHPLACE (STATE OF COUNTRY) CZECHOSLO	vakia	76 CITIZEN OF WHAT COUNT USA	WIDOWE		Baltime		MD	
Baltimore	DEATH	11. NAME OF HOSPITAL, NU	TREET ADDRESS)	en. Hosp.	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIL		oof BUSINESS OR	
usual residence (#130. STATE land	TUREING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE PORTY Arunde L Bal	TOWN	136 INSIDE CITY LIMITS?	7016 Ft.	Smallwood	d Rd.	
Thomas		MIDDLE Zamos	stny	Katherine	MIDDLE		dð'stny	
160. WAS DECEASED E	VER IN U.S. AR	(237.0.00.0.11.7	SECURITY NO.	Mr. George	6445 Stands	- de		
	toting the suse last.	DUE TO, OR AS A CONSI	S TO DEATH BUT		RMINAL DISEASE OR COM	20b. IF YES, WERE FIN	IDINGS USED	
210. ACCIDENT WAS	SUNDERLYING	T LIGHT A AA AACAITH	DAY YEAR	21c. HOW INJURY OCC	YES NO	IN CERTIFYING CAUSE YES URY IN ITEM 18, PART 1 OR PART	NO 🗆	
(IF EITHER, NOTIFY M 21d. IN JURY OCC		P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	DWN COUNTY	STATE	
226 PHYSICIAN	22a. I certify that (I) (this hospital) attended the deceased from the deceased from the deceased of the saw the deceased from							
230. BURIAL, CREMATE (SPECIFY) Bur:		3/17/82	~ 7	TEMETERY OR CREMATOR	Gallentionn	rnie WY	Md.	

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

4200me Pennington Avenue Presto., Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



FOR

REGISTRAR

- STATE

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY account Tany LAST ADDRESS MINUS 75103 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Large Cell Carcinoma of Lung PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 19 52, and that in (my) (our Dopinian death accurred on the date and hour and from the couses stated 22r. DATE SIGNED DIRECTOR PHYSICIAN Itimore Baltimore BP 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 T. Matthews 3 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

DAYS

82

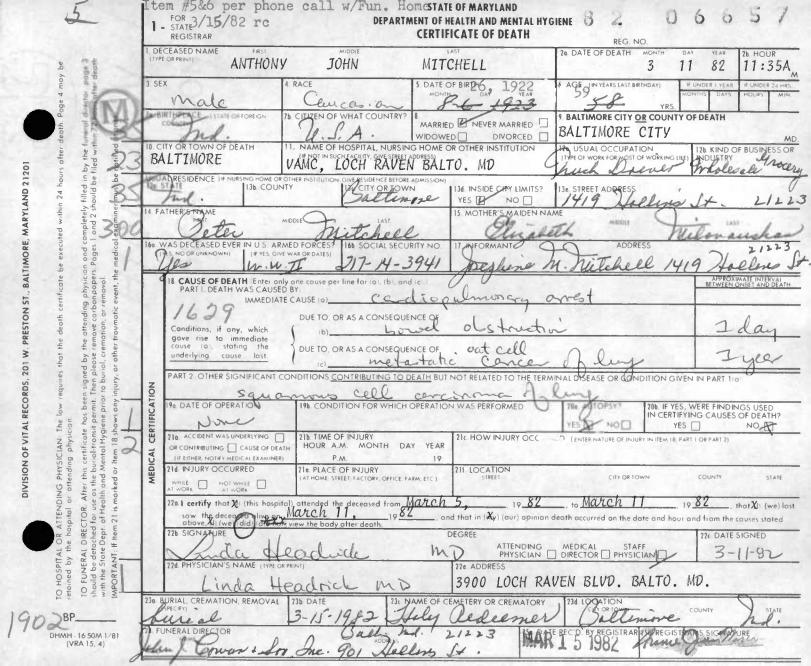
IF UNDER 1 YEAR

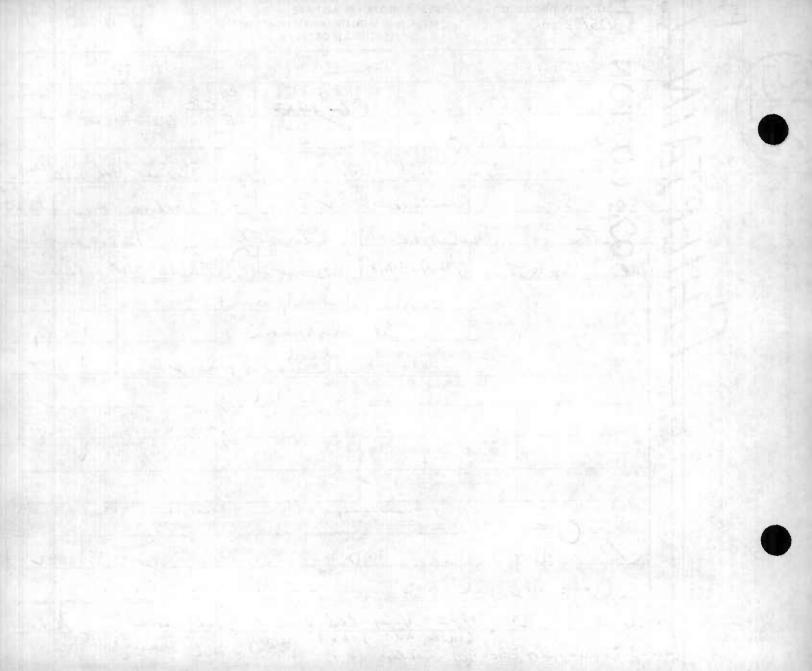
26. HOUR

HOURS

IF UNDER 24 HRS

to had bet Town of the Andanthi Millians Store File I to the the second conclude the terms that the process the MY THE CHARGE STATE STRY DESCRIPTION OF THE PARTY OF THE





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burial-transit per d Mental Hygiene

FUNERAL DIRECTOR:

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or Item 18

MPORTANT

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

G	IENE 8 2 0 6 0 5 8	
_	REG. NO.	
	26. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
	March 14, 1982 1:15p,	٨
1	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.	
	YRS. MONTHS DATS HOURS MIN.	
	9. BALTIMORE CITY OR COUNTY OF DEATH	
	Baltimore Ctiy)
	128 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TXPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
	(TXPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
	136 STREET ADDRESS A	
	19 Walden Birch Cl.	
41	AE MIDDLE JAST	
_	Subser Subser	
	ADDRESS	
,	- Mobley 19 Walden Birch C	1
Ī	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
C	ular disease	
Ī		
AI	INAL DISEASE OR CONDITION GIVEN IN PART 140	
	Hypertension.	
Ť	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED	-
	IN CERTIFYING CAUSES OF DEATH? YES NOT NO	
2R	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
.,,	(Feel Francisco Company of Marie Company)	
_		
	CITY OR TOWN COUNTY STATE	
1	March I/I	
2	, to March 14 , 19 82 , that ox (we) lost	
d	leath occurred on the date and hour and from the causes stated	
	226. DATE SIGNED	

DECEASED NAME LAST TYPE OR PRINT Helen MOBLEY 4. RACE 5. DATE OF BIRTH MONTH 1922 nau 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Maryland General Hospital Baltimore USUAL RESIDENCE (IF NURSING H OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3c. STATE 13d INSIDE CITY LIMITS? MIOY YES [NO L 14 FATHER'S NAME 15. MOTHER'S MAIDEN NA FIRST MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Atherosclerotic Cardiovas IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CERTIFICATION Past Brain Stem Stroke, 1979, November. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCUP HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify tho XX (this hospital) attended the deceased from October March sow the deceased a and that in (my) (our) opinion $m_i \mathcal{P}^{\text{DEGREE}}$ 22b. SIGNATURE ATTENDING MEDICAL for PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS

DHMH - 16 50M 1/B1 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

FOR

REGISTRAR

- STATE

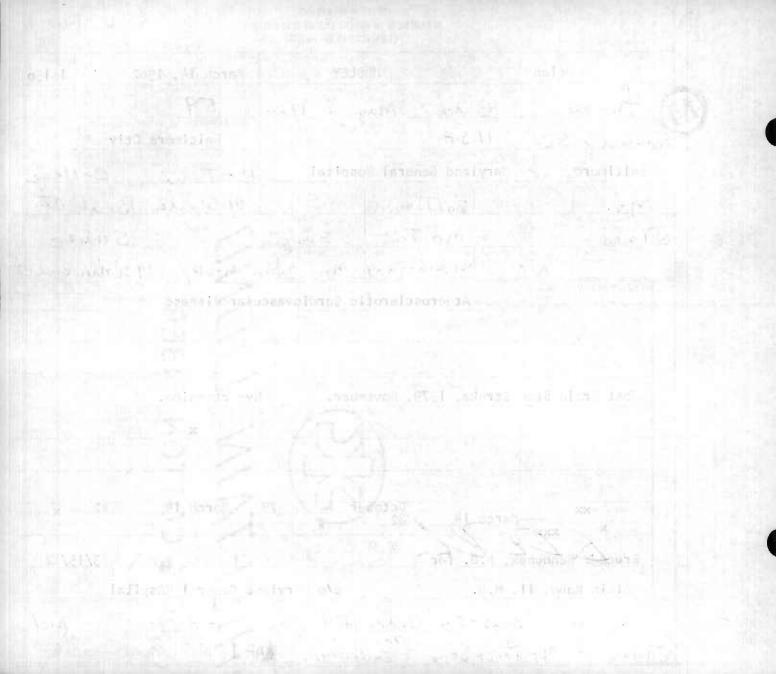
23c. NAME OF CEMETERY OR CREMATORY

3/15/82

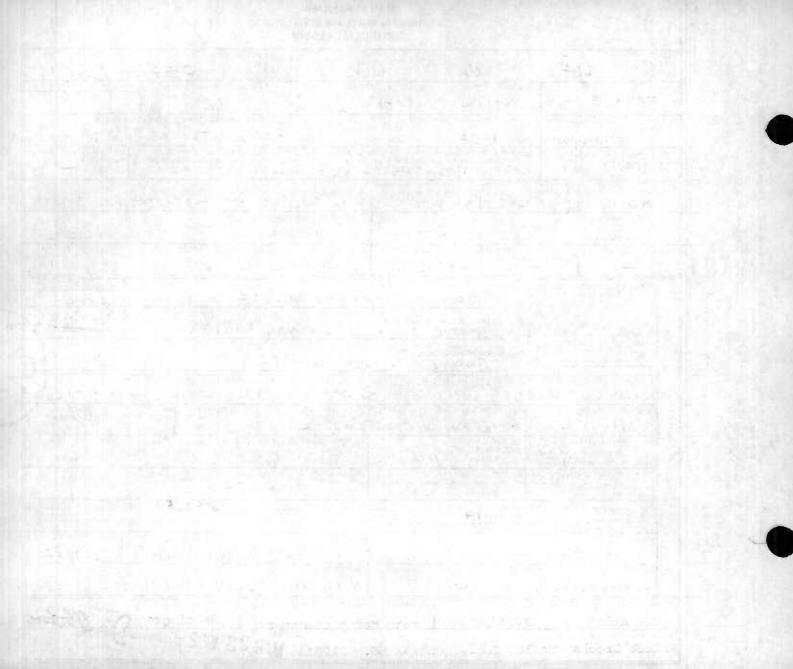
24 FUNERAL DIRECTOR

Albin Kuhn, II, M.D.

c/o Maryland General Hospital



STATE OF MARYLAND



DHMH - 16 50M 1/B1 (VRA 15, 4)

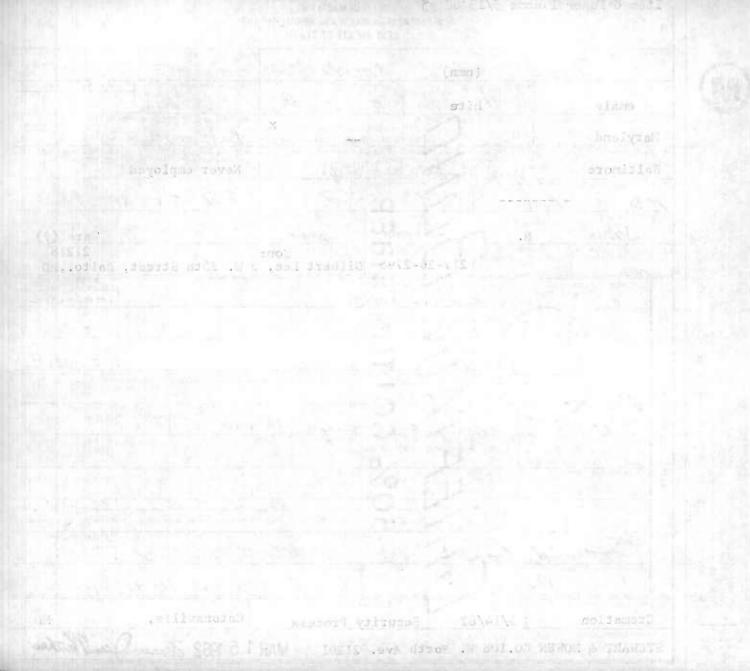
1	STATE, REGISTRAR	DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	0 0	0 0
	ECEASED NAME FIRST	WIDDLE	· i	AST	29 DATE OF DEATH		DAY YEAR	2b HOUR
(14)	Lee	2	MON	E, Jr.	Mare	ch 27	, 1982	9:15 P
3. St	EX	4 RACE	5. DATE C		6. AGE IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS.
	Male	Black	9 MONTH	3 YEAR 24	57	YRS.	MONTHS DATS	HOURS MIN.
7a E	SIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	X NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
	Arkansas	USA	WIDOWE	D DNORCED	Baltimore	e City	У	ME
	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Mary land Gener	al Ho	spital	(TYPE OF WORK FOR MOST C		126 KIND C INDUSTRY	OF BUSINESS OR
130.	JAL RESIDENCE HE NURSING HOME OF STATE MD		ore	13d. INSIDE CITY LIMITS? YES 📉 NO 🗍	136 STREET ADDRESS 309 N.	Gilma	ore St	
14. F	ATHER'S NAME Lee	Mone Mone	Sr	Mary	MIDDLE	54.00	Conw	
160	WAS DECEASED EVER IN U.S. AR Yes OR UNKNOWN) (IF YES GIV	A WAR OR DATES	RITY NO.	17. INFORMANT	ADDRE			
	Yes	N/A		Robert Mo:	ne 1307 K	itmor	re Rd.	
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DITION GIV	VEN IN PART 10	a				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	-			
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	NRM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that XII (this haspi saw the deceased alive on abave XII (we) (did) XIX Aa	March 27.		d that in (XX(aur) opinion	to March 2 death accurred on the de	Z. ate and how		that XII (we) last causes stated
	22b. SIGNATURE Robert	arenlung		MO ATTENDING PHYSICIAN	MEDICAL STAI		22c DATE	SIGNED
	Robert Ammlu	ng, M.D.			nd General	Hospi	tal	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	11- 5	COUNTY	STATE
	Burial	4/1/82 Ce	edar	Hill Cem.	Baltime	ore	Co.	MD
24 F	UNERAL DIRECTOR	ADDRESS		25a DAT	E REC'D. BY REGISTRAR	71	3 3 6	UMN Then
	Wm. C. March	F/H 1101 E.	Nort!	n Ave.	AK 3 U 1902	6 Page 216		A MAN BEE

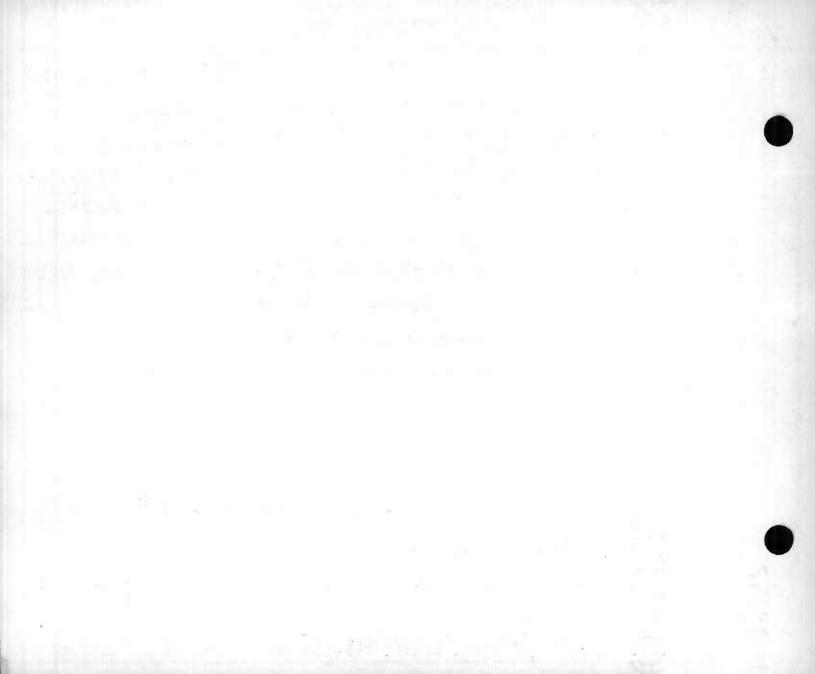
STATE OF MARYLAND

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STATE OF MARYLAND

Item & Funeral Home 3/15/82 gj





7	1	FOR			DEDART	STA MENT OF		ARYLAN		VCIENE	3	(3	6	6	12
2		- STATE REGISTRAR		ME		EXAMIN				4.9	-	REG. NO.	0	0 0	V
	1	DECEASED NAM	AE FIRST		WIDDLE			LAST			DATE KNO	OWN 🔽	MONTH	DAY YEAR	26 PAPR
Haw H	V.	(TYPE OR PRINT)	BARB	ARA			N	NOOI			OF ES	STI-	3	3 19 8	
SEE SE	3.	SEX	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UN	DER 1 YR.	IF UNDER 2				MONTH	DAY YEAR	R 24. HOUR 11:32
くの問題	- 1	female	white	June 21		44 Y	, more	HS DAYS	HOURS	MIN.	DEAD DEAD	5	3	3 19 8	2 pm
MAN	3007	a. BIRTHPLACE	STATE OR	76. CITIZEN OF W		ITRY?	B. MARR	IED NEV	ER MARRIE	ED 🗆 9.	BALTIMOR	E CITY OR	COUNT	TY OF DEATH	
京 日本	1	German	ny	US			WIDOV		DIVORCE	'	Baltim				MD.
SEED SEED	100	O. CITY OR TOWN		11. NAME OF HO	ACILITY, GIVE S	TREET ADDRESS)		HER INSTITUT	ION	12a USUA FOR MC	L OCCUPAT	ION (TYPE O)F WORK	12b. KIND OF E OR INDUS	SUSINESS
A02 #8	100	Baltin		Univer:						Sear	mstres	S		Dress	Factory
F ANY C RETAINS SHOULD SHOULD LIFECORE	2/	Maryland	ISH COU	NTY derick	13c. CITY	OR TOWN	ON)	13d. INSIDE CIT	NO X		Eyler	Road	1		
\$ -000 M4	1	4 FATHER'S NAM	A.F.					15. MOTHER			MIDDL			LAST	
DEATH DEATH GES I.	DO	Ferd	inand	MIDDLE	Gr	ie bl		Ros	s i na		MIDDE	E		Paulu	S
PAG PAG SNO	5	60. WAS DECEAS	ED EVER IN U.S. A	RMED FORCES?	16b. SOC	IAL SECURIT	Y NO.	17. INFORM	IANT		305 A	Eyiser	Roa	ad	
BALTIMORI SS AFTER DE GIVE PAGE TITH FORM INTISION OF	~_	No				-64-549	97	Mr Tal	lmage	Moon	Thur	mont,	Md	2178	
DUR DUR MIT. I E, DI		18. CAUSE	VEATH VALAC CALLC	nly ane cause per lin										APPROXIMA BETWEEN ON	SET AND DEATH
ON 24 H	VAL	9.5	MMEDI	ATE CAUSE (a)		SEQUENCE		head	(hanc	dgun)					
PRESTON THIN 24 H THIN 24 H THE ALON ALE ALON PRESTON THE ALON THE		Canditi	ans, if any, whic		(AS A CON	ASEGUENCE	OF								
WIT	×		rise to immediat a) stating the unde		R AS A CON	ISEQUENCE (OF					-			7
CTED UTED IN PORT OF THE PORT	ž	lying co	ause last.	(c)											
SANGEO BONE	\$	PART 2 OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	IINAL DISEAS	E OR CONDITION	GIVEN IN PAR	T 1 (a)					
RECORDS, ID BE EXEC PENDING" MEDICAL MEDICAL D AS A BUIL REALTH AN	L KE	NO													
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIME, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER. E. WRITHING THE WORD." PRENDING". IN PRENCIL IN TIEM 18, GIVE PARAMEDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OF DEMANDEN.	JKIAL,	IPO DATE C	OF OPERATION	19b. COND	ITION FOR	WHICH OPER	RATION W	AS PERFORA	MED?					HEAD YES	ONLY
OF V			IAL CAUSE WAS	21b. TIME C HOUR X	E INJURY X. XMONTH	DAY YEAR	21c. H	OW INJURY			TURE OF INJURY	IN ITEM 18 PA	RT OR PA	RT 2)	
CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN	30	CONTRIBUT	OCCURRED		A. 3-3-		2 S∈	elf-inf	flicte	ed					
DIVISION S CETTIFIC RITING TH RDED TO E 3 SHOUL	2	WHILE	NOT WHILE	STREET, FACE	TORY, FARM, E	TC.)		STREET Eyler	- Dd	т	CITY OR TOWN	+	E COI	ederick	Md.
E, WRIENS	777				nome		Hea	id. ion Lv		<u> </u>	TIGIT INOT	7	116	JUEL ICK	Mu.
A P P P P P P P P P P P P P P P P P P P	S S			rge of the remains de			Autar				Inquiry L		in my ap	rinian	
EXAMI CERTIFIC BE OIREC	¥	death resu	Ited fram: Nat	ural causes,	Accident	L, 50	icide A	, Hamici TITLE (SP		Undeter	mined manne	er			
A S S S S S S S S S S S S S S S S S S S	, S	ACTUAL SIGNATUR	M	MARY	_		^		stant	MEDIC	CAL EXAMINE	ER	DATE	3-4-8	2
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARD TO FUNKEAL DIRECTOR: PAGE ANTROPER AND MAINTHE STATE.	2	EXAMINER'	SNAME Ar	n M.Dixon	. M.D	40-		4 D D D E G G	11	1 Pen	n St.				
TO ME EXECUTOR PAGE TO FUI	\$ 7		ATION, REMOVAL			NAME OF CE	METERY C	ADDRESS		23d. LOC					
BP		(SPECIFY) Bur:		3/6/82		rkhill						Musco	ogee.	, Georg	ia.
DHMH-17		The state of		17-11		Main		12	250. DATE R	EC'D. BY R	REGISTRAR	25b. REGIST	TRAR'S S	IGNATURE.	
(VR A15 ME (5))) R	obert E	Dailey 8			, Mary			MAR	0 1	48/	pane	1	milder too	0
15M 2/80	1	Time *al	Homes P	Á									and the same of		

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DESCRIPTION OF THE PARTY OF THE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								ď
		CEASED NAME DERST	WIDDLE *	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	~
	(III)	Vora		M	boney	3 0	22 82 345	1
	3. SE)	×	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	4 HRS
		Temale	White	8	27 1897	84 YR	S	101114
0	10 BI	RTHPLACE A STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	XY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN		
1	_	ryland	USIT	WIDOWE	DIVORCED	Baltimore (ME
N. W.	P	aftimore	11. NAME ÕF, HOSPITAL, NUR (IF NOVIN SUCH FACILITY, GIVE STR		Mayland	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINES: INDUSTRY	S OR
100	13a. S	AL RESIDENCE UF NURSING HOME OR STATE 13b. COUN	NTY	16.	YES NO []	12-SIREET ADDRESS P	rul ST	
-	14. FA	TOLO	MIDDLE	lien	Elsie	WEDDLE	Murinan	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? IIII SOCIAL SE	the second second	II INFORMANTSOL I	Fisherman's La	ne-Edgewood	1,
	()	YES NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	3-9/16	Margaret (MD. 2104	
		18 CAUSE OF DEATH (Enter on	ly one couse per line for all tol,	ond (c).)			APPROXIMATE INTERVA	AL EATH
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (o)	2512		AVELLA HE EL		
		2030	DUE TO, OR AS COAST	QUENCE OF	(,			
ľ	8	Conditions, if ony, which gove rise to immediate	(b) //	eumo	nia			
		couse (0), stoting the underlying couse lost.	DUE TO, OR ASSA CONSEC	THENCE OF	the alone	0.6-	and the same	
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING I	TO DE TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
	TION							
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO		YES NO IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO	!?
		216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM OF CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR				18 PART 1 OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	CE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STA	ATE
		22a I certify that (I) (this hospi	tol) ottended he deceased from	CAR /	19 19 80	-, to 2/22	, 19, that (I) (we	e) los
		above filter ideligide	t view the body ofter death.	9.02.0	nd that in (my) (our) opinion	death occurred on the date and	hour and from the causes state	ed
		The SIGNATURE	an me		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/22 K	2
		THE PHYSIC ANS NAME (TYPE)	OR PRINT)		22e ADDRESS	sold la	Salval	
	23n P	BURIAL, CREMATION, REMOVAL	23b. DATE 22	30 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	HYVEL	_
		(SPECIFY) Cremation	3/24/1982		n Mount	Baltimore	Maryla	
	24 51	INIEDAL DIRECTORDO	7 1 7		DE- DAT	E DEC'D BY DECISTDAD AND DEC	CIETDADIC CICALATURE	-22/

DHMH - 16 50M 1/B1 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 7922 Wise Avenue Dundalk, 21222 MD.

N 31, 00 31

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical

MPORTANT: If Hem 21 is morked ar Item 18 shaws ony

deoth. Poge 4 moy be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JIAIL OF MARILAND	
EPARTMENT OF HEALTH AND MENTAL HYG	IENE
CERTIFICATE OF DEATH	

REGISTRAR		CERTIFICATE OF DEATH	REG. N	IO.	
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH		26 HOUR
TYPE OR PRINT)	Ry Alexander	Moore Jr.		3-4-82	1 Ann
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER TYE	AR IF UNDER 24 HRS
male	Black	MONTH DAY YEAR	92	YRS.	TS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY	OR COUNTY OF DEATH	
N. C.	USA	MARRIED NEVER MARRIED		2:14.	ME
CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120. USUAL OCCUPAT		OF BUSINESS OR
Baltimore	Lutheran	HOS P.	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTE	₹Y
SUAL RESIDENCE HE NURSING HOME 13. STATE 136. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS		
MD	Baltimo		Lacayet	He 59. 1	N/H
FATHER'S NAME FIRST	MIDDLE LAST	IS. MOTHER'S MAIDEN NA			TPAL
Henry	A. Moor	e Carolin	e	mcki	nsen
WAS DECEASED EVER IN U.S.	CIVE WAR OR DATES!		ADDRI	ESS	
No	242-12-0	0694 Albert Moor	e 4212 8	Hhland A	venue
18. CAUSE OF DEATH (Enter	anly one cause per line for a), (b), and	d (c).)		APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CAU	IATE CAUSE (a)	inates and			
1389	DUE TO, OR AS A GONSEQUE	ENCE OF			
Conditions, if any, which	(b) Hy Pe	41		ALC: UNITED BY	
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENICE OF			
underlying cause last.	Se pr	,			
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
		No facilities			
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINE	
			YES TO NOT	IN CERTIFYING CAUS	ES OF DEATH?
21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		
		AY YEAR			
OR CONTRIBUTING CAUSE OF E	21e. PLACE OF INJURY	21f. LOCATION			
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TO	OWN COUNTY	STATE
220.1 certify that (1) (this has	ipital attended the deceosed from_	2/28 , 19 82	-, to 3/4	19 82	=, that (I) (we) lost
above, (1) (we) (did) (did	19 19 19 19 19 19 19 19 19 19 19 19 19 1	8 2. Ind that in (my) (aur) opinion	death occurred on the d	ate and haur and from t	he causes stated
206 SIGNATURE		DEGREE		22c. DA	E SIGNED
	1.	ATTENDING PHYSICIAN [MEDICAL STA	FF SIANT 3/	4/82
224 PHYSICIAN'S NAME		22- ADDRESS			define

O HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital or

DHMH - 16 50M 1/81 (VRA 15, 4)

13

FOR STATE

73h DATE 23a. BURIAL, CREMATION,

3/6/82

23c. NAME OF CEMETERY OR CREMATORY Cedar

Hill Cem.

Baltimore

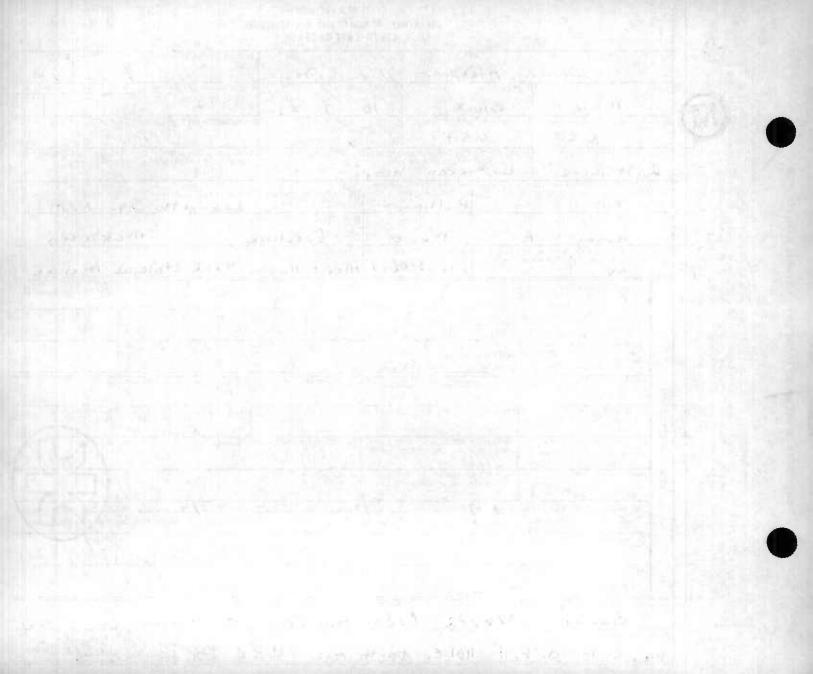
COUNTY

STATE mo

24 FUNERAL DIRECTOR
NAME
C. March F/H 1101 E. North

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAR 1 1082 Pages MAR



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

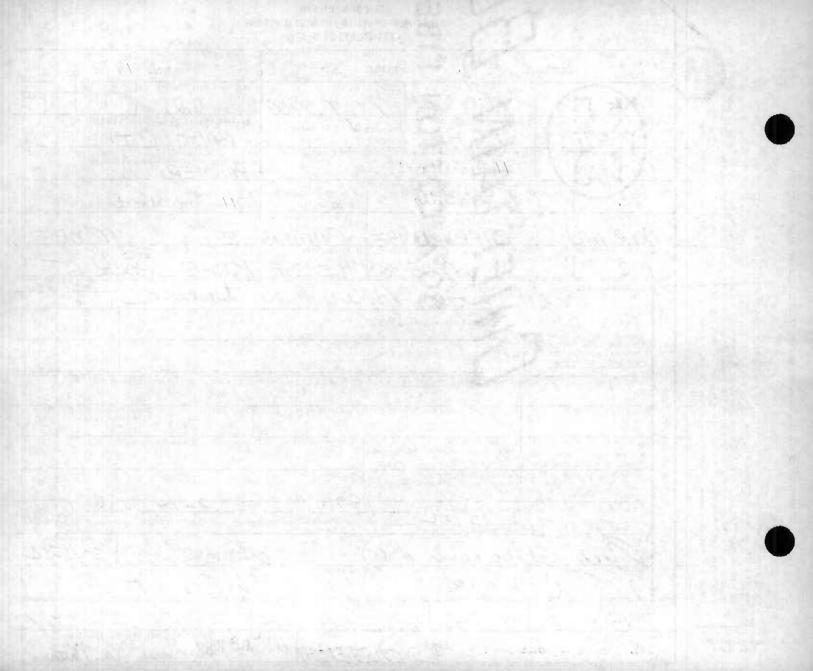
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REG.	NO.			5.5	- 15
OF DEATH	MONTH	DAY	YEAR	2b	HOU

1 - STATE REGISTRAR	OLI ARIII	CERTIFICATE OF DEATH	REG. NO	o.
1. DECEASED NAME FIRST (TYPE OR PRINT) Hern	an J.	Moore SR.	As	month day year 126 Hour ench 14 82
3. SEX Male	4 RACE White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS M
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN 2014 Dans Street	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	
130. STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OF TOWN 13c. CITY OF TOWN		13e STREET ADDRESS 2211 Bank	Street
14 FATHER'S NAME PRIT 160, WAS DECEASED EVER IN U.S., (YES, NO OSLINKNOWN) (IF YES.	IRMED FORCES? I 6b SOCIAL SECUI	15. MOTHER'S MAIDEN N PRITY NO. 17 INFORMANT	PINE MIDDLE ADDRE	MODRE
	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	rminal disease or coni	DITION GIVEN IN PART 1(0)
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FETHER NOTIFY MEDICAL EXAMI	EATH HOUR A.M. MONTH DA	Y YEAR 19 21f LOCATION	JRRED (ENTER NATURE OF INJUR	
22a. I certify that (I) (this has	pital) attended the deceased fram_	, and that in (my) aur) apinion EGREE ATTENDING	n death occurred on the do	ote and hour and from the causes stated 22c. DATE SIGNED
224 PHYSICIAN'S NAME (TYPE)	12NIK	PHYSICIAN 22e. ADDRESS 925	Cherter PHYSIC	St.
(SPECIFY)	11 23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY

DHMH-16 30M 2/80 (VRA 15, 4)

John Weber & Sons INC.

1982 Frances Jan Weathers



FOR

REGISTRAR

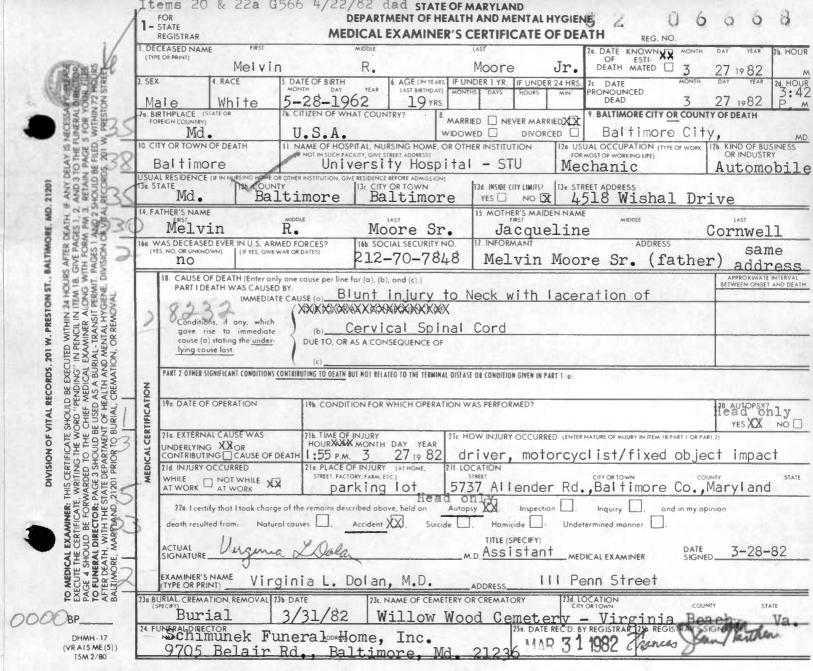
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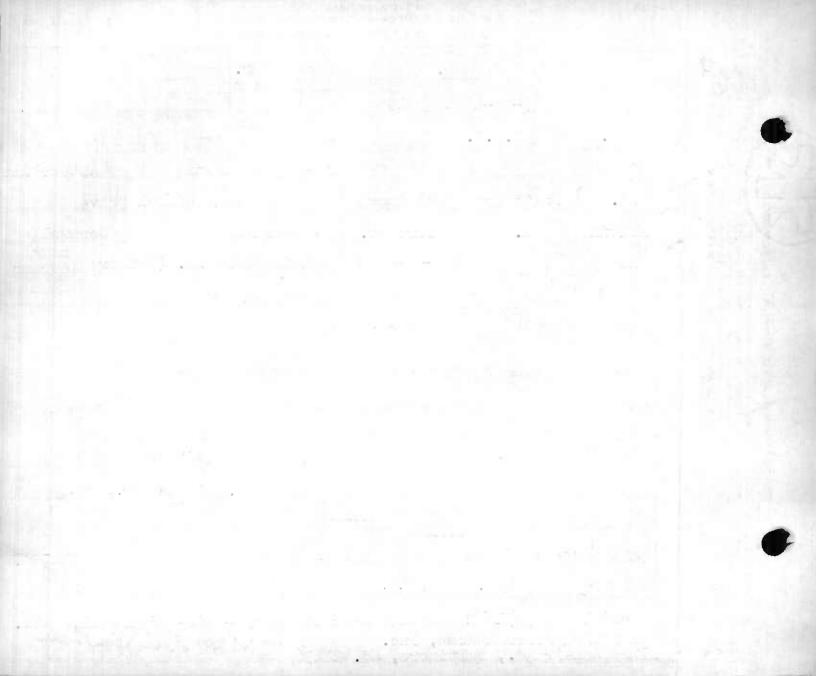
STATE OF MARYLAND

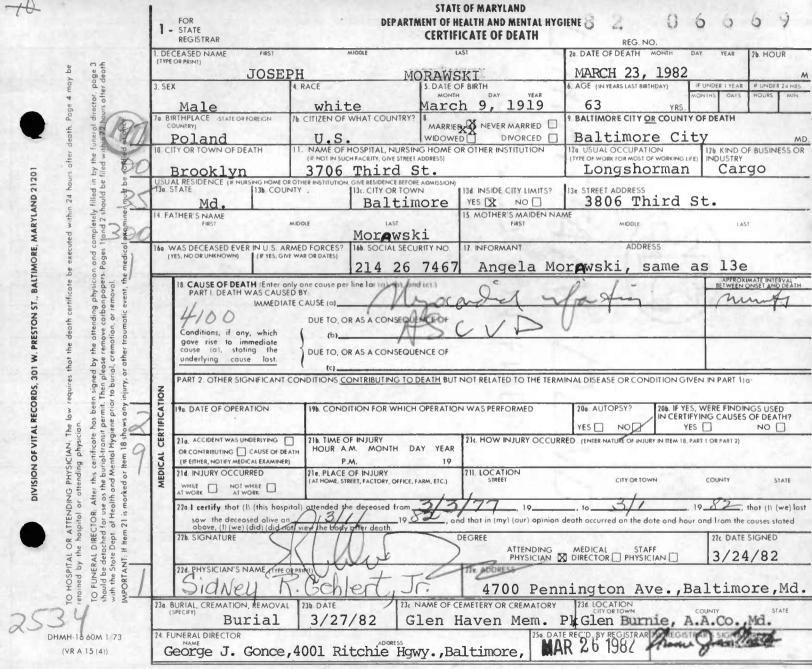
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

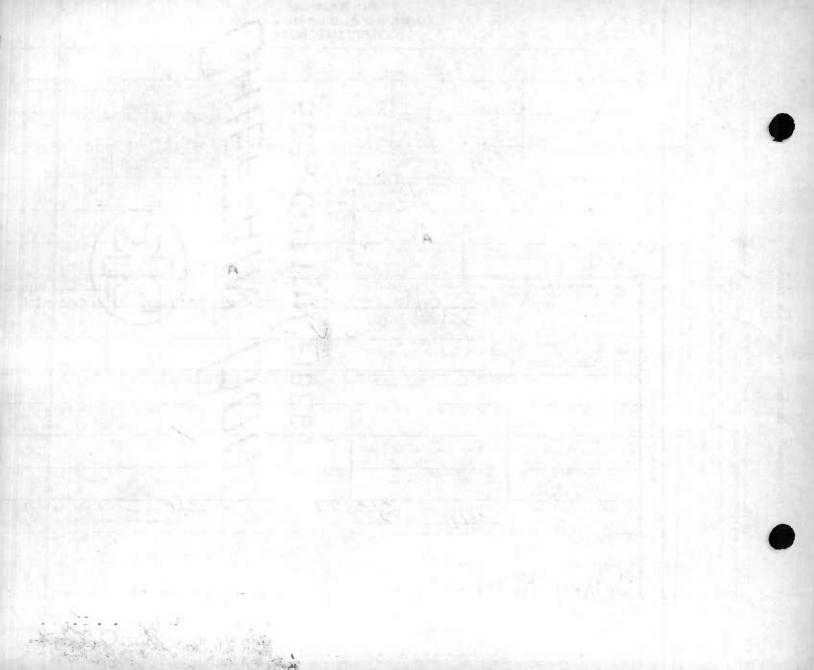
CERTIFICATE OF DEATH

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- STATE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFIC

13d INSIDE CITY LIMITS?

ATE OF DEATH	REG. NO.		
Y	MARCH 13, 19	DAY YEAR	10:21
IRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
6 1804	22 VBS	MONTHS DATS	HOURS MIN.

(TYPE OR PRINT)	FELIX	M MORLEY	MARCH 13, 198	32 10:2
3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YE Jan. 6. 189	£AR M	IF UNDER 1 YEAR IF UNDER 24
JO BIRTHPLACE (S	TATE OR FOREIGN 76. CITIZEN OF WI	HAT COUNTRY? 8 MARRIED ☑ NEVER MARRI WIDOWED ☐ DIVORC	BAT TIMODE CT	
Baltimo		OSPITAL, NURSING HOME OR OTHER INSTITUTION OF THE PROPERTY OF	ON 170 USUAL OCCUPATION (A) PE OF WORK FOR MOST OF WORKING LIFE JOURNALISE	126 KIND OF BUSINES INDUSTRY Newspaper
USUAL RESIDENCE	LIE NURSING HOME OR OTHER INSTITUTION, GI	VERESIDENCE REFORE ADMISSIONI		24.05/

P.O. Box 165, Gibson Island nne Arundel Gibson Island 14 FATHER'S NAME MIDDLE lian Bird IN U.S. ARMED FORCES 160 WAS DECEASED EVER 17 INFORMAN

Mas. Isabel Monley some as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per CARDIOPULMONARY ARREST PART I DEATH WAS CAUSED BY 5 4 W IMMEDIATE CAUSE ARRHYPHMIAS MIMOI Conditions, if ony, which couse (o), stoting PRAS A CONSEQUENCE OF TIC HEART DISEASE SOYRS

NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		706. IF YES, WERE FIND! IN CERTIFYING CAUSE	
			YES NO	YES 🗌	NO 🗌
,	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211, LOCATION 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY NOT WHILE ottended the deceosed from 5 220.1 certify that (Withis hospital

sow the deceased alive on 3 (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED MD BMARCH 1982 ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

JOHNS HOPKINS HOSPIAL, BALTIMORE MD 21205

STATE

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Security Process Inc. 3/15/1982 Ly F. H. Mountain & Tick Neck Rds. 21122

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

į		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o.			,
		ORPRINTI NOEL	El Ha	MIDDLE M	RA	PAN N	20 DATE OF DEATH	3 21	VEAR 82	8 AVID	м
	3. SE)	MALE	1 RACE	ITE	S. DATE C		6. AGE (IN YEARS LAST BIR	YRS	-	IF UNDER 24 HRS	_
7		RTHPLACE (STATE OR FORE COUNTRY) MARYLAND	EIGN 76 CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRIED DI	BALTIMORE CITY O		DEATH	M	
,	lı CI	BALTIMORE	(IF NOT IN SUC		HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF SUPERVISOR	ON 1: F WORKING LIFE) IN	NDUSTRY	F BUSINESS OF	R
1	13a. S	MD.	HOME OR OTHER INSTITUTION B COUNTY	GIVE RESIDENCE BEFORE A 134. CITY OR TOWN BALTIMORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1115 RAMBI				
1	14 FA	THER'S NAME FIRST FRANK	WIDDIE	MORMANN		15. MOTHER'S MAIDEN NAM	AE MIGDLE		LAST		
		VAS DECEASED EVER IN ES, NO OR UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	212-03-0		ALETHIA W. MO	RMANN 1115		OOD F	RD. APT	.]
	NO	Conditions, if ony, w gove rise to immed couse (10), storing underlying cause	which sliote the lost. (c)	R AS A CONSEQUENT ON TRIBUTING TO DE	ICE OF	yourder Q	infaction	DITION GIVEN IN	V PART Tio		
	CERTIFICATION	190 DATE OF OPERATIO	N 196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES			
	MEDICAL CE	216 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL) 21d INJURY OCCURRED WHILE WHILE AND WHILE AND WORK AND WORK	SE OF DEATH HOUR A EXAMINER) 21e PLACE	M. MONTH DAY M.	19	211 LOCATION STREET	ED (ENTER NATURE OF INJUR		OR PART 2)	STATE	
		220.1 certify that (1) (the saw the deceased of	11.	19 82		, 19 82 and that in (my) (our) opinion d	, to MAR 2 eath accurred on the do	ate and hour onc			st
		HONCRATO	ITA L. Dec	A M.D.		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	IAN []	Mar.	/ "	
		, , , , , , , ,	7	,		1 NOUVERTL	wall best 1	1 miles			

should be detached with the State Dept.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: IF H

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL MAR. 24.1982

23c. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL PK

23d LOCATION

COUNTY

STATE

24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

TOWSON

TOWSON BALTIMORE MD.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P. C. J.P. eres maritan bomial claims were Insurance months. Baltimone Say Say 1 Charlas Encour Monris & Las and Encour Find A Ind Table Re-Mill II. Line and Edition 11 to 11 to 12 to 1 and in the second of the secon

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	STA	TE	OF	M.	ARYL	AND		
PARTMENT	10 T	HE	ALI	H	AND	MENT	14	

Mulcahu

5. DATE OF BIRTH

CERTIFICATE OF DEATH

	REG. NO.					
	March 14, 1982	DAY	YEAR	2b. HOL	JR	
6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YEAR		IF UNDER 24 HR		
	67 YRS	MONTHS	DAYS	HOURS	Will	
]	9 BALTIMORE CITY OR COUNT	4000				

(STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY Maryland 10 CITY OR TOWN OF DEATH Baltimore

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Margaret

13e. STREET ADDRESS 1609 S. Hanaver St. Balto, M.

126. KIND OF BUSINESS OF

Aubell

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO [

STATE

YES

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

136 COUNTY

Daniel

4 RACE

- STATE

3. SEX

REGISTRAR I. DECEASED NAME

larusland

190 DATE OF OPERATION

17. INFORMANT

.Hanover

Mrs. Viola Mulcahy. Same as above

120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

ruck Univer

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	21c HOW INJURY OC
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	
21d. INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARA	A, ETC)	211 LOCATION STREET

CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

NO

CITY OR TOWN

(aur) opinion death occurred on the date and hour and from the causes stated

22e. ADDRESS

DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL CREMA

23c. NAME OF CEMETERY OR CREMATORY

Lorraine Park (emt. 24. FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15. 4)

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marked ar Item 18

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of ully Funeral Home, 130 E. Foot Ave. Balto. Md.

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Mese And Aus			
The second of th	Jan Sant No.	mani 201, 1.2 11 de auto 161,	

George J. Gonce F.H. 4001 Ritchie Hgwy.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25 - to 12 of more Michigan Carlotte & Charles Carlotte of Carlotte (061 as ones) pieceilei . shravania (4 - 7 - 17) NEW 1962 ROLY DECKS James on Section 1881 dor a U. Jones I. H. 2001 Bitchia Rev. . . WAR 18 202 C Land April 18

		FOR
1	-	STATE
		DECHETOLO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

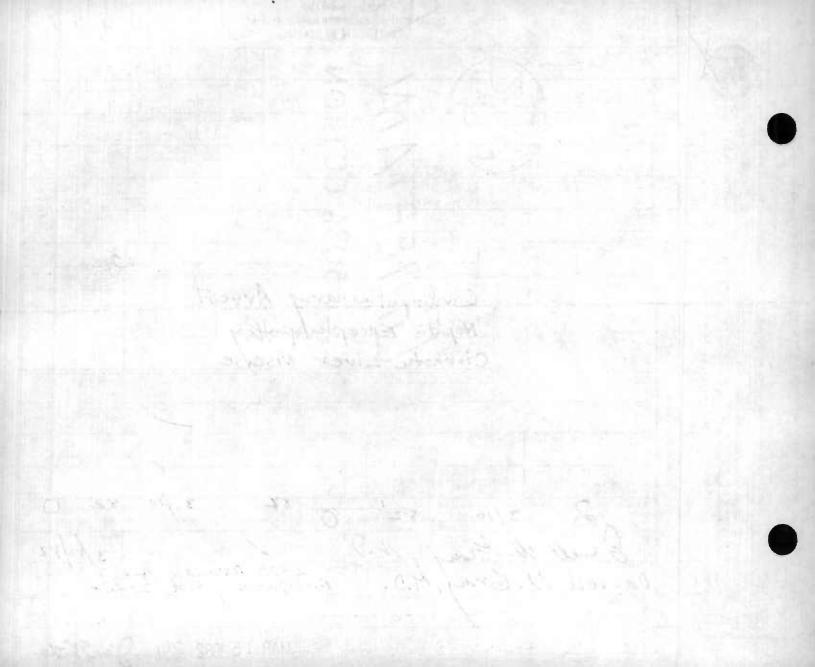
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		REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	10				
		CEASED NAME FIRS	T	MIDDLE		ASI	W 11-1	20 DATE OF DEATH		Y YEAR	2b HOUR		
	TYPE	Thomas	5	R.	Mul 1	aly		Ma	rch 30,	1982	4:00a M		
7	3. SE	X	4. RACE		5. DATE O			6 AGE (IN YEARS LAST BI		FUNDER TYEAR	IF UNDER 24 HRS.		
		Male		ite	MONTH		07	74	YRS	ONTHS DAYS	HOURS MIN.		
n		RTHPLACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY? 8			AARRIED -	9 BALTIMORE CITY	OR COUNTY C				
Š	Ma	assachusetts		U.S.A. WIDOWEI			VORCED [Baltimo	MD				
3	10. CI	Baltimore	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital				12a USUAL OCCUPAT ITYPE OF WORK FOR MOST O Merchant S		12b. KIND OF BUSINESS OR INDUSTRY Master Mates & Pilot			
5	Ma	ryland Ba	nter other institution ounty 1timore	13t. CITY OR TOWN Arbutus		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 1308 E1m	Road	21227			
2	14 FA	Thomas	MIDDLE F.	Mulla:	lv		MAIDEN NAM	WIDDIE		Ray	mond		
100	160 V	VAS DECEASED EVER IN U.S		166 SOCIAL SECU	-	17 INFORMA		ADDR	ESS	Rayi	liona		
3	()	YES NO OR UNKNOWN) (IF YE	ES, GIVE WAR OR DATES)				. Petry	y 1085 E1m	Road	21227			
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)									APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH		
	100	IMMEDIATE CAUSE (a) Cardiopulmonary Arrest											
		4360 DUE TO, OR AS A CONSEQUENCE OF											
e		Canditions, if ony, which gave rise to immediate (b) Cerebrovascular Accident											
		cause Ia, stating the underlying cause last											
		PART 2. OTHER SIGNIFICA	(c)	DATE DISTURBING TO S	FATURIUT	ALON DEL ATED	TO 1115 150						
	NO O		Failure, A		EAIN BUI	NOTRELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	N IN PART 110			
	ATI	190 DATE OF OPERATION		TION FOR WHICH	OPERATIO	V WAS PERFO	RMED	200 AUTOPSY? 206. IF YES, WERE FIND			GS USED		
2	CERTIFICATION							YES NO NO	IN CERTIFYI YES	ING CAUSES OF DEATH?			
1		210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 1 OR PART 2)			
	CAL	(IF EITHER NOTIFY MEDICAL EXA	DI DI MILL	2.M. 19									
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY BEET FACTORY, OFFICE, FA	RM, ETC.)	21f. LOCATIC	N	CITY OF TO)WN	COUNTY	STATE		
		ALWORK ALWORK			V = = = 5	22	0.6	Marah 2	^	82			
		22a 1 certify that XI) (this h	March	e deceased from	March 2		_, 19_82	March 3	, 19	ond from the causes stated			
	190	saw the deceased alive above N (we) (did) (did) 27b. SIGNATURE	view the bady	ofter death			(our) opinion a	leath occurred on the d	ate and haur o				
ī		Orkon Brist Alama Man ATTENDING MEDICAL STAFF								27c. DATE S	A 47		
		22d PYSICIAN'S NAME II	TYPE OR PRINT)	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN									
		//	holomew, I	4. D.				and General	Hospit	tal			
	23a. B	URIAL, CREMATION, REMO	VAL 23b. DATE	23c N	AME OF C	EMETERY OR C	REMATORY	23d LOCATION					
Ü		Burial	3/31/8	2 Lo	udon	Park C	emetery	Baltimo	re	LOUNTY	Maryland		
		INERAL DIRECTOR		. ADDRESS		21229	25a DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	JRE		
	Hu	bbard Funera	I Home, Ir	ic. 4107 W	ilke	ns Ave.	MA	R 31 1982	Many	Qual	astlan		
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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MIDDLE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b HOUR

2n DATE OF DEATH MONTH

- STATE

REGISTRAR

DECEASED NAME

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7	1.	- STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC	REG. N	0.	0 0	
m. F		CEASED NAME FIRST		MIDDLE	L.	AST .	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
deat		HARO	LD		MYI	ERS	MARCH 23	. 1982	2	08:55A
	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	
1		Male	Bl	.ack	4	-11 52	29	YRS.	ONTHS DAYS	HOURS MIN.
别人	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
11	/	S.C.		JSA	WIDOWE	DI DIVORCED	BALTIMOR	E CITY	Y	MD.
-		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
-		Baltimore	THE J	JOHNS HO	PKINS	HOSPITAL				
75	13a	AL RESIDENCE (IF NURSING HOVE STATE PA	UNTY	Philade	elohi	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2203 Son	nerset	st.	
16	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		IS MOTHER'S MAIDEN NA			LA	
6		Frank		Myers		Rosale	е	Whi		51
edical	160	WAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			Pa.
e me	I	10		178-44	-4589	John F/H	6653 Cher	N Aver		
ovar.		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), and	d (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
e ve		PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Totractable Hypotonian 24 hrs								106
natic		2050 DUE TO, OR AS A CONSEQUENCE OF								
E C C C C C C C C C C C C C C C C C C C	100	Conditions, if any, which gove rise to immediate							3 -	eeks
		couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE					3	
			(c)			devone Forker	. 11.7		12 ye	
lury.	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0,
ony ir	CERTIFICATION	19a DATE OF OPERATION	19b. COND	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FIND IN			NGS LISED
	FE						YES P NO		NG CAUSES	S OF DEATH?
8 S V	E	71a. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUR				140 []
Item 18 sh		OR CONTRIBUTING CAUSE OF E	PEAIN	.M. MONTH DA	AY YEAR					
ed or It	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
3	Z	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
mar		220.1 certify that (I) (this has	spital) attended th	he deceased from_	2	19 92	to 3123	19	82	that (II (we) last
21 is		saw the deceased alive an 3 2 3 19 2 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
		22h SIGNATURE	not) view the body	y offer death.		PEGREE			22c. DATE	SIGNED
		m	100		~	TATTENDING PHYSICIAN	MEDICAL STAI	FIANK	3 12	3/62
Ž I		224 PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS] DIRECTOR [] PHISK	IAN LB	1 ,	
MPORTANT		Marci	Rubin			Johns H	coff scriptor	1 satisf		
-	23a E	BURIAL CREMATION, REMOVA		23c N	NAME OF CE	METERY OR CREMATORY	23d. LOCATION			
511	1	Burial	3/27			ount Cemet	CITY OR TOWN	_	COUNTY	STATE
1/81		UNERAL DIRECTOR		, == 01	Com	25g. DAT	RES DABY MOODRAB	A REGISTR	dend	the diverse
, 4)	W	m. C. March	F/H 1	101 E	North	AVE MA	K 44 1904 0	(Married	-	

marked ar Item 18 shaws any injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is

STATE OF MARYLAND

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH						REG. NO.				
H		CEASED NAME OR PRINTS	FIRST hilip	MIDDLE			Myers			20 DATE OF DEATH MONTH		4 1982	26. HOUR 1030	
	3. SEX	Male		4. RACE White	Э	S. DATE C		, 1894	6 AGE IIN	YEARS LAST BIRT	(HDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
5	Maryland U.			U.S.A	.S.A. WIDOWEL		DX	R MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY O Baltimore City				OF DEATH	
4	(ity		The Union Memor								IFE) INDUSTRY	26. KIND OF BUSINESS OF NOUSTRY News	
3	130. S Ma:	AL RESIDENCE LIF NURS TATE ryland	135. COUN		Baltimo	N	YESXX		13e. STREET 420	ADDRESS 08 N.	Cha	arles S	treet	
0	10	Thomas		MIDDLE A.	Myers			r's MAIDEN NAM		WIDDLE		Smit	h	
		YAS DECEASED EVER YES NO OR UNKNOWN) Yes		E WAR OR DATES	218-28-		li INFORA		Towl	1754				
	7	Conditions, if any, gove rise to imm cause (a), statin underlying cause	/AS CAUSE IMMEDIA , which mediate ng the last.	D BY: "E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	A CONSEQUENCE OF				MATÉ INTERVAL INSEL AND DEATH				
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATION	V MON N WAS PERI		200 AUTO	OPSY?	IN CERTI	S, WERE FINDIN IFYING CAUSES ES [IGS USED OF DEATH?	
9	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTHY MEDIA 21d INJURY OCCURE	CAUSE OF DEA	21e. PLACE	M. MONTH DA M. OF INJURY	19	21c HOW		ED (ENTERN.	ATURE OF INJUR		PART OR PART 2)	STATE	
	N	WHILE AT WORK NOT WHILE AT WORK AT WOR									that (I) (we) last			
1		224. PHYSICIAN'S NA	AME (TYPE C	R PRINT)	onio.	m	1			STAF PHYSIC	IAN	3/	4/82	
		URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE			EMETERY O	R CREMATORY	Univer	ATION			TMT) STATE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

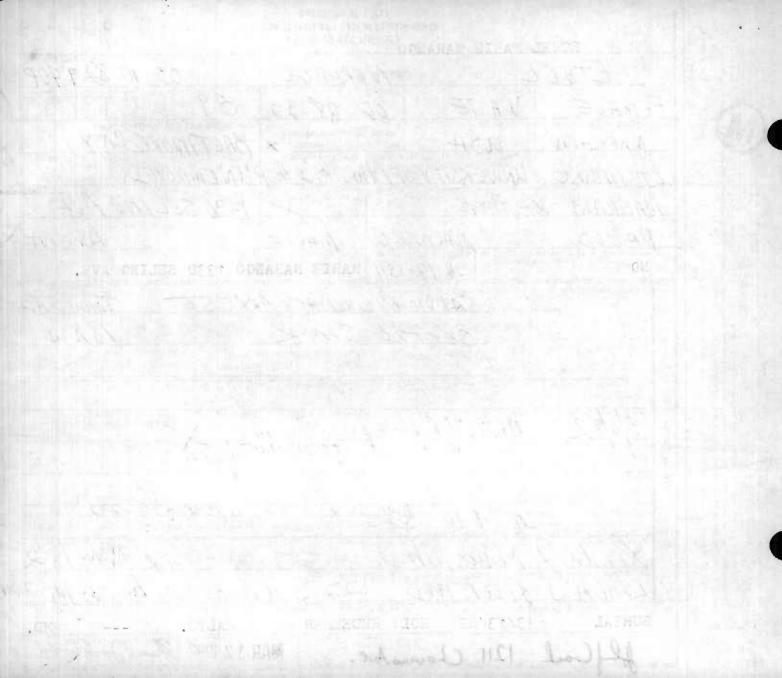
24 FUNERAL DIRECTOR
William E Loch Raven Blvd. MAR Johnson 8521

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TO SHOULD SEE ST. and the second of the second o MAR. 8 SERVICE THE SERVICE STATE

MELVIN NAMAN 3-23-82 MA

	1				STATE OF MARYLAND	Q 0	06 6 8 6
91		1 -	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE Q 44	0 0 0 0 0
	/ -	DEC	REGISTRAR ETHEL	MARIE NARANO	LAST	REG. NO.	ONTH DAY YEAR 12 HOUR
oge 3			PRPRINT) FTHE	MIDDLE	NARANGE	O O	3 10 82 9:40 PM
pod i	3	SEX		I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	
16		+	EMALE	WHITE	06 28 2	2 39	YRS.
W S	<	a. BIR	THPLACE (STATE OR FOREIGN)	LICITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	16 / 1/2/	OF CITY.
-	<u> </u>	0. CIJ	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION		N 12b. KIND OF BUSINESS OR
E E	8	B	ALTIMORES	UNIVERSITY (DE MARYLAND T	HOSPUNEMPED	VORKING INDUSTRY
should be	1	30 S	RESIDENCE (IF NURSING, POME OR ATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOV		130 STREET ADDRESS	LING AVE
0 0	1	4 FA	HER'S NAME	DDDLE A LAST	15. MOTHER'S MAIDE		1
3	0		AVID	NAKAI	VGO MARI	E MIDDLE	AMENT
Pages 1		60. W	AS DECEASED EVER IN U.S. ARA MOORUNKNOWN) (IF YES, GIVE	MED FORCES? (166 SOCIAL SEC WAR OR DAYES)	0 0 1	RANGO 1330 S	ELING AVE.
y 0 €	≺ ⊧	-		216 17	7011	TIME TO TO B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emovol.			PART I. DEATH WAS CAUSED IMMEDIATI		PULMONHE)	ARKEST	1MMFDIATE
or r offic			1713	DUE TO, OR AS A CONSEQU	ENCE OF	HATTE THE	18600
matian,			Conditions, it ony, which gove rise to immediate	(16) SEPT	TE SHOCK		10100
l, crem other			cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
burio Iry, or		,	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
ior t		CERTIFICATION	N DATE OF PERATION	TWO CONDITION FOR WHICH	OPERATION WAS PERFORMED	19s. AUTOPSY?	206. IF YES, WERE FINDINGS USED
giene pr	2	E	316182	Clasere H Rich	+ High wound 2 ex	VINE TE NOTO	M CERTIFYING CAUSES OF DEATH?
H 8			DE CONTRACTING CONTRACTING	THE TIME OF INJURY	AV YEAR THE FUNDANCE	EENER INTO	HITEM III. PART 1 TOR PART 21
tentol		MEDICAL	LIFETHER, NOTIFY MEDICAL EXAMINER	P.M.	19	Offer and	
ed or		MED	WHILE NOT WHILE AT WORK	?1e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
morked			220. I certify that (1) (this hospit	al) attended the deceased from	March 6 19	82 to MAKET	1/0 19 hat (I) (we) last
of He			saw the deceased alive an abave (I) (we) (did) (did nat	P1/ - 60/- //	and that in (my) (aur) ap	ninion death occurred on the date	ond hour and from the causes stated
Ched Cept.			226, SIGNATURE) IA	DEGREE		221. DATE SIGNED
Stote D	_		Kenday	Keves, IV.	M), ATTENDI		NX 3/10/80
the TRE	1		22d. PHYSICIAN'S NAME TYPE OF	PRINTI)	270 ADDRESS	CREENIE CT	- BAITO MAZI
with With	2	30 B	JRIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	· 11010. 1910.
		(5	BURIAL	- 1 10	LY REDEEMER	BALTO.	COUNTY STATE MD
50M 1/B1	. 2	4. FLI	NERAL DISECTOR	1211 CADDRESS	25	DATE REC'D. BY REGISTRAR 25	
A 15, 4)			11 1 1 1	1/11//	11.10	PRESTA 1 60 1.701/ 1/2	your your warmen when it



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

IFICATE OF DEATH	IENE	REG. NO			
RKIEWICZ	20 DATE OF	//6/8.	2	DAY YEAR	26 HOUR
E OF BIRTH	6. AGE INY	EARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR	
17 1924	57		YRS.	MONTHS DAYS	HOURS MIN
RIED NEVER MARRIED			•	Y OF DEATH	
WED X DIVORCED		MORE			٨
E OR OTHER INSTITUTION		EWIFE		IFE) INDUSTRY	OF BUSINESS O
13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	130 STREET / 427 S	ADDRESS	SAL S	STREET2	1224
	unk.				
. 17 INFORMANT		ADDRES	S		
Karin E. Bost	on 340	6 E.F	airmo	ount Av	e.21224 XIMATE INTERVAL I ONSET AND DEATH
UT NOT RELATED TO THE TERM	INAL DISEASE	E OR COND	ITION GI	VEN IN PART 1	(a·
ION WAS PERFORMED	200 AUTO	PSY?	IN CERT	S, WERE FIND FYING CAUSE ES	INGS USED S OF DEATH?
R 21c. HOW INJURY OCCURR	ED (ENTERNA	TURE OF INJURY	IN ITEM 18	PART OR PART 2)	
21f LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
and that in (My (aur) opinion o	, to	3/16 d on the dot	e ond ho	19 82	that (we) la
DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	AN K	A	5/82
Octoria St	- Haupi	the, De	110,1	nD.	
CEMETERY OR CREMATORY	23d. LOCA				
עמיםיים אוון	Pol	OR TOWN	00	Mary	and STATE

LUISE NARKUDWICZ LUISE 4 RACE WHITE OCT.

NARKIEWICZ

O BIRTHPLACE (STATE OF FOREIGN GERMANY

FOR

REGISTRAR I. DECEASED NAME

- STATE

(MPE OR PRINT)

3. SEX

76 CITIZEN OF WHAT COUNTRY? U.S.A. 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIE WIDOWED

10 CITY OR TOWN OF DEATH BALTIMORE

FEMALE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BALTIMORE CITY HOSPITALS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN BALTIMORE

LAST

MARYLAND 4. FATHER'S NAME FIRST

NO OR UNKNOWN)

MIDDLE unk.

I HE YES, GIVE WAR OR DATEST

13b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO 213-64-8477

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying cause last.

Direto-DUE TO, OR AS A CONSEQUENCE OF

4 castite

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

21d INJURY OCCURRED NOT WHILE

MEDICAL

19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

21e. PLACE OF INJURY

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

HOWARD 230. BURIAL, CREMATION, REMOVAL

PARNEY, M.D.

23b. DATE

(SPECIFY) Burial

22b. SIGNATURE

22a I certify that (this hospital) attended the deceased from

sow the deceased alive an above, (we) (did) (and not view the body after death.

OAK LAWN CEMETERS

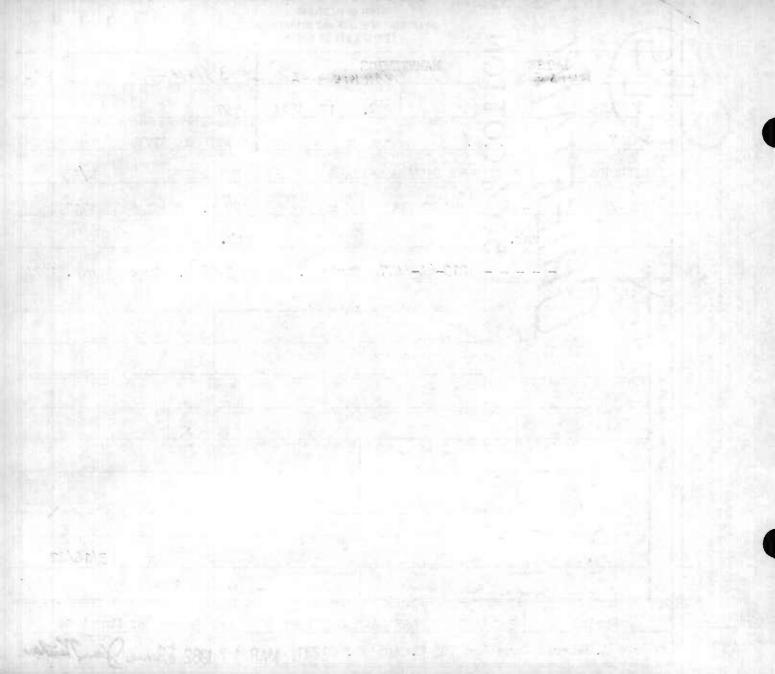
23c. NAME OF CEMETERY OR CREMA

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR STON

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

George A. Weber & Sons Inc 70505. Ann St. 21231



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CENTIFICATE OF BEATH

FOR STATE REGISTRAR				ALTH AND MENTAL HYG	IENE 🗳 💪	0 0	0 0
CEASED NAME	FIRST	MIDDLE	EA	51	20. DATE OF DEATH	NONTH DAY Y	EAR 26 HOUR
E OR PRINT)	ATHRY	N	NATH	ANSON	MARCH 01	, 1982	06:34AN
× FEMALE	4. R	WHITE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS YRS.	
RTHPLACE (STATE OR FO	REIGN 7b. C	USA		NEVER MARRIED XX	BALTIMORE CITY OR		TH MD.
BALTIMORE		(IF NOT IN SUCH FACIL	TAL, NURSING HOME O ITY, GIVE STREET ADDRESS) HOPKINS	ROTHER INSTITUTION HOSPITAL	12a. USUAL OCCUPATIO	WORKING LIFE) INDU	IND OF BUSINESS OR
AL RESIDENCE (15 NURSIN STATE MARYLAND	G HOME OR OTHE 3b COUNTY			13d. INSIDE CITY LIMITS? YES NO	131 OU EWAPOULD	SPRING L	
ADÖLPH	MIDDI	. NAT	HANSON	15. MOTHER'S MAIDEN NAM	WE	LEVIN	SON
NAS DECEASED EVER IN YES NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WAR		SOCIAL SECURITY NO.	17 INFORMANT MRS 1190 W.NORTH	. LORRAIMERE ERN PKWY., A		#21210
18 CAUSE OF DEATH PART I. DEATH WA	(Enter only or S CAUSED BY MMEDIATE CA	C.p.	rdwaenic	shock		BEI	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Zonditions, if ony,		DUE TO, OR AS A	78455919192E	Mydearcha	l infarct	IM 1	Idun
gove rise to imme cause (a), stating underlying cause	11	DUE TO, OR AS A	CONSEQUENCE OF	pohe der	angement	1	- 2 weeks
PART 2 OTHER SIGNI	FICANT CON	DITIONS <u>CONTRI</u>	BUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	ART I(a)
19a DATE OF OPERATE	NC	19b. CONDITION	FOR WHICH OPERATION	I WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE I IN CERTIFYING CA YES [FINDINGS USED AUSES OF DEATH?
21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF OEATH	21b. TIME OF INJU HOUR A.M. / P.M.		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR P	ART 2)
21d INJURY OCCURRE		21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TOW	n cour	NTY STATE

(our) opinion death occurred on the date and hour and from the causes stated

, that (1) (we) lost

l certify that (1) (this hospital) attended the deceased from saw the deceased glive on 19 above (11) we) (did) (did not) view the body after death.

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF PHYSICIAN

7a. B

10 C

USU 13a.

16a

MEDICAL CERTIFICATION

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23b. DATE MAR. 2, 1982

23c. NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH

21215

22e ADDRESS

23d. LOCATION BALLT IMORE

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detoched far use as the buriol-tronsit per with the State Dept of Health and Mental Hygiene

morked or Item 18 sho

IMPORTANT: If Item 21 is

BALTO., MD 60TO REISTERSTOWN RD.

MAR

1982

TRAR PHAREGISTRAN SELENATION TO THE COUNTY MARY LAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

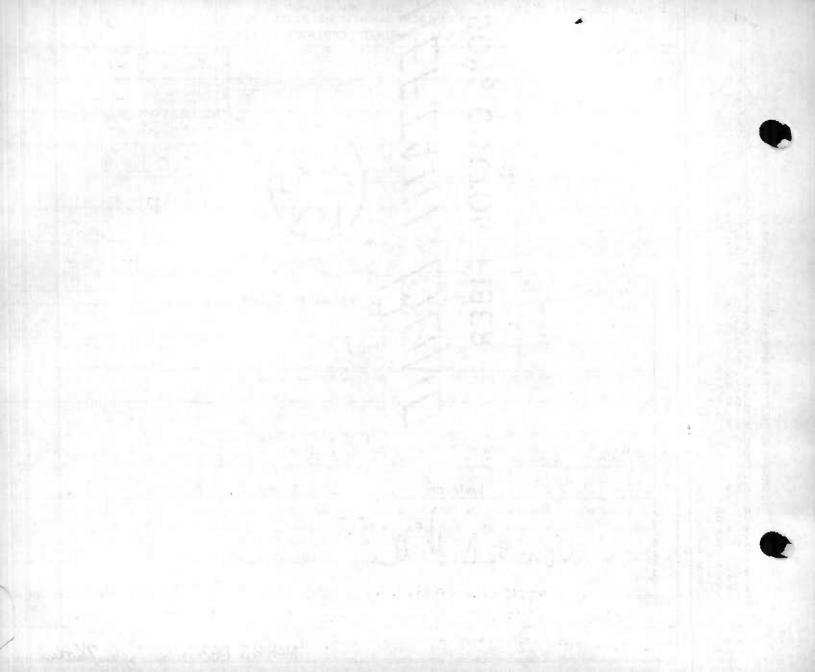
CERTIFICATE OF DEATH

- STATE

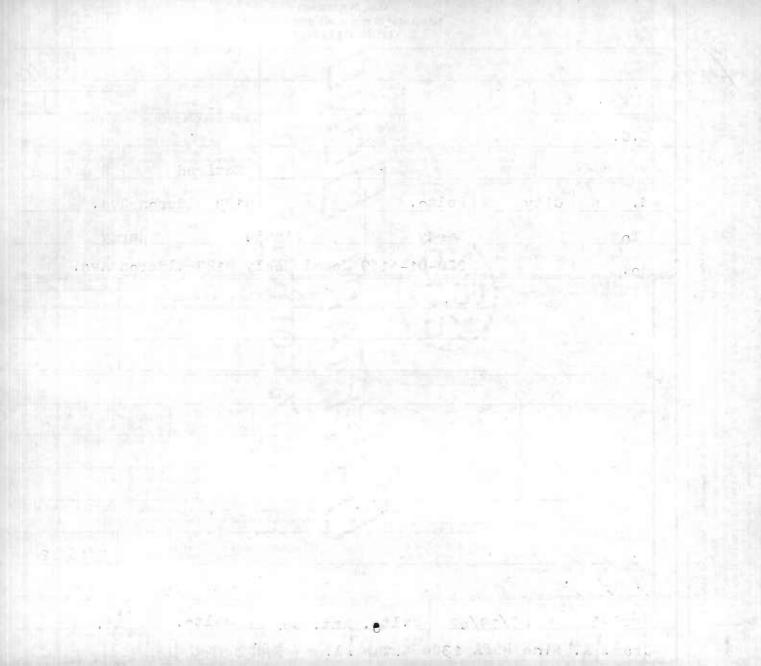
REGISTRAR

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X	1-	tems #18a-22a F FOR STATE REGISTRAR		5/12/82 15(A) DEPARTMENT OF I	HEALTH .	AND MENTAL	Resid 6	REG. NO	5 6	5 9	U
1. 8. 8. 8. 8. F. J. J. S. S. S. F. J. S. S. S. F. J. S. S. S. S. S. F. J. S.	1. DE	CEASED NAME FIRST	VAUN)	MIDDLE I .	N	EAL	Za. DAT OF DEA	E KNOWN K		-82 ₁₉	2b. HOUR
ECCSSANC REASE INERAL DIRECTOR. FOR YOUR FILES PRESTON STREET.	3. SE	4. RACE ALE black	5. DATE OF BIRTH 7 13	YEAR 81 6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS	P75 Hours	MIN. PRONC	ITE DUNCED AD IMORE CITY O	3-20-		9:20
NECESS FOR WITHIN	FC	MD		SA	MARRIEI WIDOWE		CED Ba	ltimore	City	OFDEATH	MD.
PAGE PAGE SE FILED		altimore	(IF NOT IN SUCH FAC	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) TE CITY HOSP		RINSTITUTION	FOR MOST OF	CUPATION (TYP VORKING LIFE)	PE OF WORK	2b KIND OF BUS OR INDUSTR	
AND 3 THE PER PER PER PER PER PER PER PER PER PE	13a. S	ALTIMOTE ALRESIDENCE (IF IN NURSING HOME OF TATE MD MD	OR OTHER INSTITUTION GIV	IBaltimor)N)	3d. INSIDE CITY LIMITS?	13e. STREET AD	oress 2 Mall	ory (7+	
BALTIMORE, MD. 2120) SS AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: THE FORM PM 3: RETA THE FORM PM 3: RETA WISION OF WITAL RECO		ATHER'S NAME FIRST Irvin		leal Jr.		s. MOTHER'S MAID Pame	EN NAME	MIDDLE	Sc	LAST	
ALTIMO AFTER I SIVE PAGES I VAGES I	16a. \ (Y	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (# YES, GIVE NO	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY		7. INFORMANT Pamela 1	Neal 73	12 Mal		Ct.	, F
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL REDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOR 35 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN TO EPERARMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF WITH RECORDS, 201 W. PRESTO OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if ony, which gave rise to immediate couse (o) stating the <u>underlying cause lost</u> .	D BY: TE CAUSE (a) BUX DUE TO, OR (b) DUE TO, OR (c)	rns of torse as a consequence of	DF DF					APPROXIMATE BETWEEN ONSET	AND DEATH
VITAL RECORDS SHOULD BE EXE ORD "PENDING" CHIEF MEDICAL E USED AS A T OF HEALTH AR URIAL, CREMATI	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION		BUT NOT RELATED TO THE TERM			ART 1 (a),			20 AUTOPSY?	
E. THIS CERTIFICATE SHOULD FE. WRITING THE WORD." PER FRAGE STHOULD THE CHIEF M FRAGE STHOULD BE USED A STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	73	MONTH DAY YEAR 3/20/19 82	21c. HOV	WINJURY OCCURR					
DIVISION HIS CERT WRITING YARDED 1 AGE 3 SHATE DEPART DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.) CORY, FARM, ETC.)	21f. LOCA			rown Baltimon	coun	Md.	STATE
XAMINER ERTIFICATION BE FOIL IN BE FOIL WITH THE ARYLAND		270 certify that I took charged death resulted from: Natural SIGNATURE	ge of the remains desiral courses , ,	- F	Autopsy	Homicide , TITLE (SPECIFY) Assistan	Undetermined	manner .	DATE SIGNED	3-20-82	2
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERLY AFTER DEATH, BALTIMORE, M	73a B	EXAMINER'S NAME (TYPE OR PRINT) WRIAL, CREMATION, REMOVAL	garita A.	Koroll, M.D.			Penn Str				
1 CUBP	1	Burial UNERAL DIRECTOR	3/24/82	Westvie		em. Pk.	Balti REC'D. BY REGIS	more		Co.	MD
DHMH - 17 (VR A15 ME (5))		m. C. March I	F/H 1^01°05	1 E. North	n Ave		23 1982	2	0	W. The	



			FOR				OF MARYLAND		. //	6	6 10	5 1
		1	STATE REGISTRAR		DEPART		EALTH AND MENTAL ICATE OF DEATH	HYGIENE	REG. NO		0 0	7 1
CL	/		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE		MONTH DA	Y YEAR	26 HOUR
2 2			Male Male	616.		1	leely			3 16	82	7:35m
Poge 4 mo		3 SE	* Feinale	1 RACE B/	nck	5 DATE C			YEARS LAST BIRT			HOURS MIN
deoth. Po	371	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	11		ORE CITY O	R COUNTY C	F DEATH	
	7	_	ITY OR TOWN OF DEATH		HOSPITAL NUIDSIN	WIDOWE	DIVORCED ROTHER INSTITUTION		LOCCUPACE	211	101 1/0/15 05	MD.
ors ofter d	The Top the	1	Baltimore	SIMPA	H FACILITY, GIVE STREET	ADDRESS)	L CIMER INSTITUTION	(TYPE OF W	ork for most of tired		INDUSTRY	O RR
NND 212 24 hou filled in	335		AL RESIDENCE (IF NURSING HOME O STATE 136 COUL Md. Cit		Balto.	RE ADMISSION)	134 INSIDE CITY LIMIT	S? 130. STREE	TADDRESS	eron A	Ave.	
withir withir d 2 sh	nine	14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME				
MAR ed w	\$00		Tom	MIDDLE	Hardy		FIRST Li	zzie	WIDDIE	Han	dv LAST	
Necut xecut nd co	medical		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT		ADDRE		- 43	-14
IMORE oe execu	med	<u>'</u>	No.	E WAR OR DATES;	220-01	-5159	Jewel N	eely 4:	123 E.	Lderor	Ave.	
IST, BALTIMORE.	event, the		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUSE	nly one couse per D BY: TE CAUSE (a)	line for (o), (b), on	o all	ivol-Ca	URD IAC	cura	17	APPROXIMA BETWEEN ON	ATE INTERVAL HSET AND DEATH
ON S			4275		R AS A CONSEQU							4.4.
PRESTON he death c ne offendir emove cark mation, or	raumofic		Conditions, if any, which gove rise to immediate	(b)								
W. of the Series	other t		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF						
30 es es unic	injury, or	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONE	DITION GIVEN	IN PART 1(0)	
œ 6 c = -	niu X	Į.						9				
AL The tion it p	2 shows out	CERTIFICATION	19a. DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AU	TOPSY?	20b. IF YES, \ IN CERTIFYII YES	WERE FINDING NG CAUSES O	SS USED OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicio this certificate he be buriel-tronsit- id Mentol Hygie	Hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2]	
S = = = 5	orked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATION STREET		CITY OR TOW	'n	COUNTY	STATE
ole A ole	TO W		220.1 certify that (I) (this hospi	tol) ottended th	e deceased from	3/1	6/ 10.	82 10	2/111	10	& Cthi	pt (I) (we) lost
R ATTEND hospital or RECTOR: A red for use opt of Heal	21 is		sow the deceased alive on above, (1) (we) (did) (did no		-	, on	d that in (my) (our) opi	nion death occur	red on the do	te and hour o		- (.) (-)
0 4 0 0 C	hem		12h SIGNATURE	III VIEW THE BOOK	offer deoffi.	[DEGREE				22c. DATE SI	GNED
AL OR the H	*	1	-smsta	me	2		ATTENDIN PHYSICIA		R PHYSIC		3/16	/82
of by	TAN	(PHYSICIAN'S NAME (TYPE O	R PRINT]			22e. ADDRESS	1)	,	.0 /.		
TO HOSPITAL (retoined by the TO FUNERAL (should be detect with the Store [MPORTANT		JAY M	STACE	/		SINAL	Haspit	d)1	Sa H.	D Rull	
maili		23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	- /			EMETERY OR CREMATO	CIT	ORTOWN		YINU	STATE
781/Bb-	-	24 E	Burial UNERAL DIRECTOR	3/19	/82 B	alt.		DATE REC'D. BY	alto.		Md.	25
DHMH - 16 60M 7/7 (VR A 15 (4))	3	24. F	Chas. A. Ric	PSPA	1 ADDRESS	Futer	, D7 250.	BEAD OIL	1002	21 PEGISTRA	SIGNATUR	Œ.
,			Ollas. H. VIC	CINIE	1900	uutav	T.T.	MAR 23	130/	name	soulle	silen



STATE OF MARYLAND

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	array of wide on		January .
			Section 186

DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED Neville, Sr. Carl Elton 24 10 82 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR YEAR LAST BIRTHDAY) PRONOUNCED 24 1082 White Male 11 34 DEAD 47 YRS TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City. Pennsylvania U.S.A. DIVORCED WIDOWED IO. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore City 409 S. Newkirk American Press Man-News USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YEST NO [] 409 S. Newkirk Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST LAST FIRST Neville Frank Mable 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT 409AD SESS Newkirk Street DIVISION (YES, NO, OR UNKNOWN) LIFYES, GIVE WAR OR DATES) 219-30-5902 Mary L. Neville Balto., MD.21224 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Cirrhosis of the liver IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES XX NO VRITING THE WOR ARDED TO THE CH GE 3 SHOULD BE U 210 EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 216. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 PAGE 4 SHOULD BE FORWARD **TO FUNERAL DIRECTOR:** PAGE AFTER DEATH, WITH THE STATE I 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Inquiry death resulted fram: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3/25/82 SIGNATURE EXAMINER'S NAM Balto., MD. Ann M. Dixon. M.D. III Penn ST. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION 3/27/1982 Oak Lawn Buria] Baltimore Maryland 24. FUNERAL DIRECTOR MAR 29 1982 Duda-Ruck specinc. **DHMH-17** VR A15 ME (5) 7922 Wise Avenue Dundalk,

15M 2/80

STATE OF MARYLAND

STATE OF MARYLAND

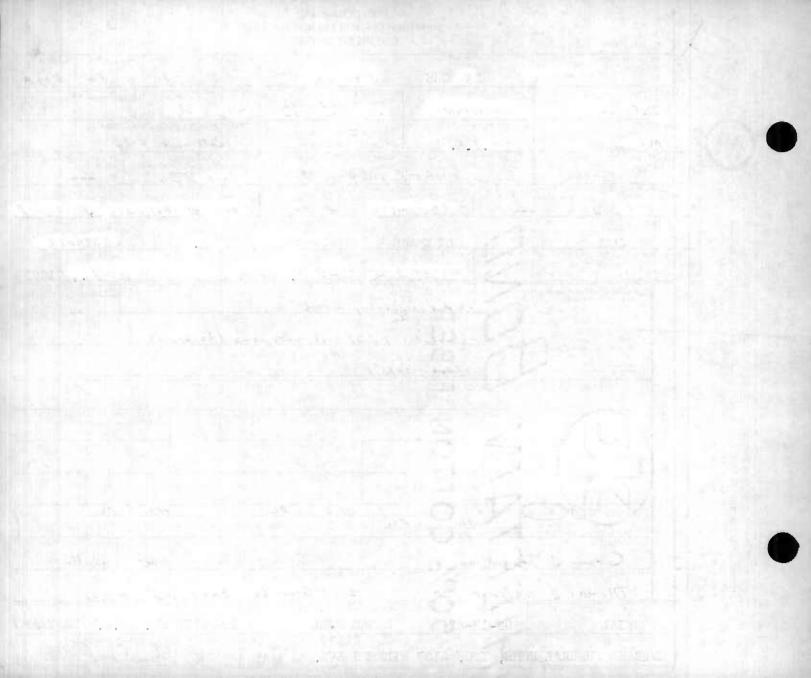
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND I		SIENE S	REG. NO.	0	5 0	, 7 5
•		CEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF	DEATH MO	ONTH DAY	YEAR	2b. HOUR
			MARIE	В	LANCHE	NI	EVILLE			3	"	82	5:09 A
	3 SE	X		4. RACE		5. DATE C			6 AGE (IN Y	EARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER 24 HRS
	F	EMALE		WHI	TE	10	18	32		49	YRS	NTHS DAYS	HOURS MIN.
-		IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	D X NEVER A		9 BALTIMO	RE CITY OR		FDEATH	
5		ARYLAND		U.S	.A.	WIDOWE		ORCED T	6.	Winere	C:Z		
-	10 CI	ITY OR TOWN OF [DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME C		ITUTION	12a USUAL C	OCCUPATION	1		OF BUSINESS OF
K		BALTIME	RE	MA	H FACILITY, GIVE STR		C. Green -	ſŹ.		SEWIF		INDUSTRY	
-	USU/	AL RESIDENCE (FN			GIVE RESIDENCE BEF	ORE ADMISSION)					2		
1		ARYLAND	136 COUN	117	BALT IM		13d. INSIDE C		13e. STRFFT A		M CTT	eer.	21222
		THER'S NAME			DATT IN	OKE		MAIDEN NA		WILHEI	TI DIE	EEL .	21223
n		JOHN.		MIDDLE	LAST T TATALERA	TA ATAT		FIRST		WIDDLE		LA.	
6	16a V	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	LINNEM		17 INFORMA	ANCHE		M. ADDRESS		SCHO	DER
		YES, NO OR UNKNOWN)		E WAR OR DATES)	5		1					SEST	MESSAL I
		NO 18 CAUSE OF DE					NORMA	J NE	VILLE	2015 W	ILHEI		21223
		Conditions, if a gave rise to couse 101, ste underlying cou	ny, which immediate ating the use last.	DUE TO, OF (b)	RAS A CONSECTION OF LAST A CONSECTION OF LAST A CONSECTION OF THE PROPERTY OF	DUENCE OF	m/ ce//	carcia				IN PART 1	0'
	TION												
7	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	20a AUTO				NGS USED S OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS I OR CONTRIBUTING [[IF EITHER NOTIFY M	CAUSE OF DEA	10	M. MONTH	DAY YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTERNAT	URE OF INJURY IN	ITEM 18 PART	1 OR PART 2)	
	MEDI	21d. INJURY OCCU	WHILE WORK	21e PLACE (OF INJURY EET, FACTORY, OFFIC	E. FARM ETC)	211. LOCATIO STREET	N		CITY OR TOWN		COUNTY	STATE
		obove, (I) (we	ased alive an		3/11 19	-	3/10 d that in (my)	, 19 Pc. (our) opinion o	, to death occurred				that (1) (we) las couses stated
		226. SIGNATURE		/		(DEGREE					22c DATE	SIGNED
		Colon	es B. 7	Hymood n	40		A	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	3/11/	82
		22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e ADDRESS	5					
		THOM	1-5 B.	HAYWOOD	mo		22.5.	Green S	t. BA	47. m	el. a	1201	
		URIAL, CREMATIO	N, REMOVAL	23b. DATE	23	NAME OF C	METERY OR C		23d. LOCA				
	,	BURIAL		03-13	-82	CEDA	R HILL			KI.YN F	K A	A	MARYLAN

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked at Item 18 shows

THE PROPERTY OF THE PROPERTY O



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

TYPE OF WORK FOR MOST OF WORKING LIFE!

7h HOUR March 23, 1982 6. AGE (IN YEARS LAST BIRTHDAY)

A RACE S DATE OF BIRTH MONTH White

MIDDLE

76. CITIZEN OF WHAT COUNTRY

USA

April 2. 1900

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED []

Baltimore City. 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 100 Witherspoon Road Baltimore

LAST

Newcomer

Homemaker 13e. STREET ADDRESS

81

Own Home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 1136 COUNTY Maryland Baltimore 4 FATHER'S NAME

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line 10), (b), and (c)

Virginia

YES TX

WIDOWED

NO 15 MOTHER'S MAIDEN NAME Elizabeth

13d INSIDE CITY LIMITS?

100 Witherspoon Road MIDDLE Lynch

John Pegram 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 220 44 7350

17 INFORMANT ADDRESS

Waldo Newcomer, Concord, Mass.

. IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse to, stoting the underlying cause lost.

- STATE

TYPE OR PRINTS

No

CERTIFICATION

3 SEX

REGISTRAR

Female

TO BIRTHPLACE ISTATE OF FOREIGN

Rhode Island

DECEASED NAME

DUE TO, OR AS A CONSEQUENCE OF

PARTAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-

96 CONDITION FOR WHICH OFFRATION WAS PERFORMED

20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR PM 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21L LOCATION

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

sow the deceased alive on. obove, (1) (wold) 22b. SIGNATURE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

21b. TIME OF INJURY

EGREE

23c NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

72: DATE SIGNED

Norman R. Freeman, Jr., M.D.

11 W. 29th Street Baltimore, Maryland

230 BURIAL CREMATION, REMOVAL 23b. DATE Burial 3/26/82

220.1 certify that (1) (this haspital) attended the deceased from

Woodlawn

23d LOCATION Woodlawn.

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated

COUNTY

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

250. DATE REC'D. BY REGISTRAR 256 REGISTRA

DHMH - 16 50M 1/81

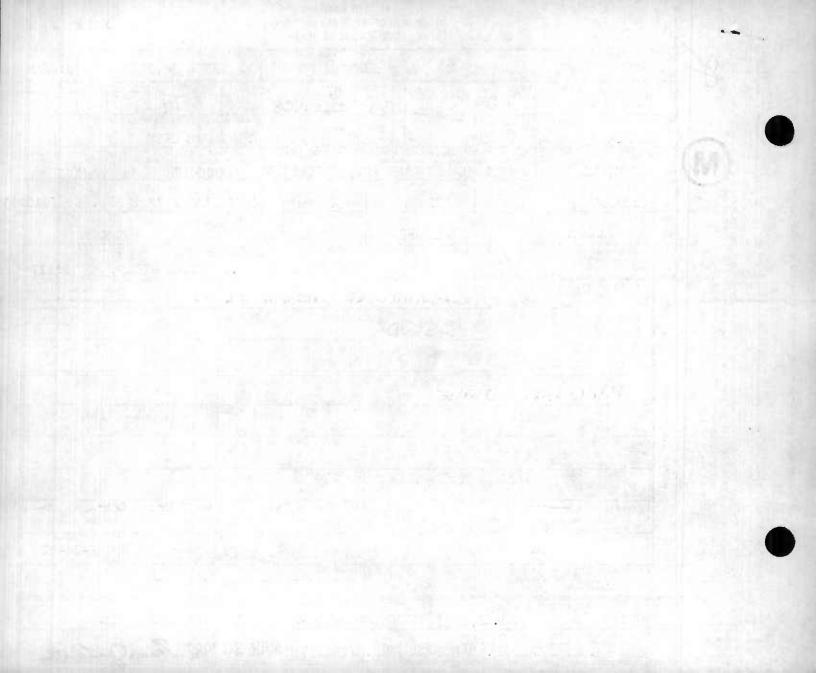
(VRA 15. 4)

4905 York Road Balto. Md.

CITY OR TOWN

16 (O) 2 1876 - 1876 DE WITH Fires atlant Sabilera 1100 miliosupora locale de Pomer akar Ulli per ken Lack composit the Research John C. Parameter Climate 220 46 7960 Maldo Newcomer, Concord, Marie. ى تى دادى يانى ئانى، يانى دادى تادى ئادى يانى ئادى wek Towas Interest ofs, inc. forces, pa. 2 the

	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 2	0 (5 5	9 7
710		OR PRINT) ROSE	RST E		MIDDLE	NE	EWMAN	20. DATE OF DEATH		YEAR	3:45AM _M
od starte	_	FEMALE		WHITE		5 DATE C	F BIRTHO7	6. AGE (IN YEARS LAST BI	THOAY) IF UND	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
27		RTHPLACE (STATE OF FOREIT COUNTRY) RUSSIA		USA		WIDOWE		9 BALTIMORE CITY OF BALT IMORE		EATH	MD.
(M)	2	BALT IMORE		4001	CLARKS LA	NE AF	PT, 303 (21215)	12th USUAL OCCUPAT (TYPE OF WORK FOR MOST (HOUSEWI)	OF WORKING LIFE) IN	KIND O DUSTRY	F BUSINESS OR
SS Monte	13a S	MARYLAND	COUNTY	HER INSTITUTION,	BALTIMOR	4		13e. STREET ADDRESS 4001 CLARK	S LANE A	PT. 3	303 (21215)
1300		THER'S NAME JOSEPH	MIDE		PEREGOF		15. MOTHER'S MAIDEN NAM BESSIE	MIDDLE		KNOW	N
ri. Foges	16a V	(IF	J.S. ARMEI		166 SOCIAL SECUI	RITY NO.	210 EMBLETON	SEPH NEWMAN	S MILLS,		21117
sgilled by the affection of the burled committee. (a burled committee.)	NON	underlying cause la	ate the ast.	UDITIONS CC	R AS A CONSEQUE		NOT RELATED TO THE TERMI	nal disease or con	IDITION GIVEN IN	PART No	1
11112	THICAT	190 DATE OF OPERATION	7	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDIN CAUSES	IGS USED OF DEATH?
physics certificate mental hyg hem 18 sh	CAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	PRY IN ITEM 18 PART I O	Ř PART 2)	
the this on the by it and M srked or	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM ETC)	214 LOCATION STREET	CITY OR TO)WN CC	OUNTY	STATE
A for ser		22a I certify that (I) (the saw the deceased a abave, (I) (wa) (did) (liv	attended the 4 DEC		,	d that in (my) port aprinian d	, 10		fram the o	
RALDRI RALDRI Hote Des		226 SIGNATURE	M					MEDICAL STA	FF	3-2	24-82
to FUNE should be MPORTA		22d. PHYSICIAN'S NAME ARTHUR	LEB	SON				LANE (212	15)		
BP		BURIAL BURIAL	1		,1982 MIK	RO KO	DESH BETH ISR		IMORE, Mi		STATE
MH - 16 50M 1/81 (VRA 15, 4)	29 PL	NERALDIRSÖÜR LEV 6010 REISTER	VINSO RSTOWN	N & BR N RD.	OS BALTÎMORE	, MD.	(21215) 250. DATE MA	R 30 1982	Ranu C	SIGNATI	Vastlen



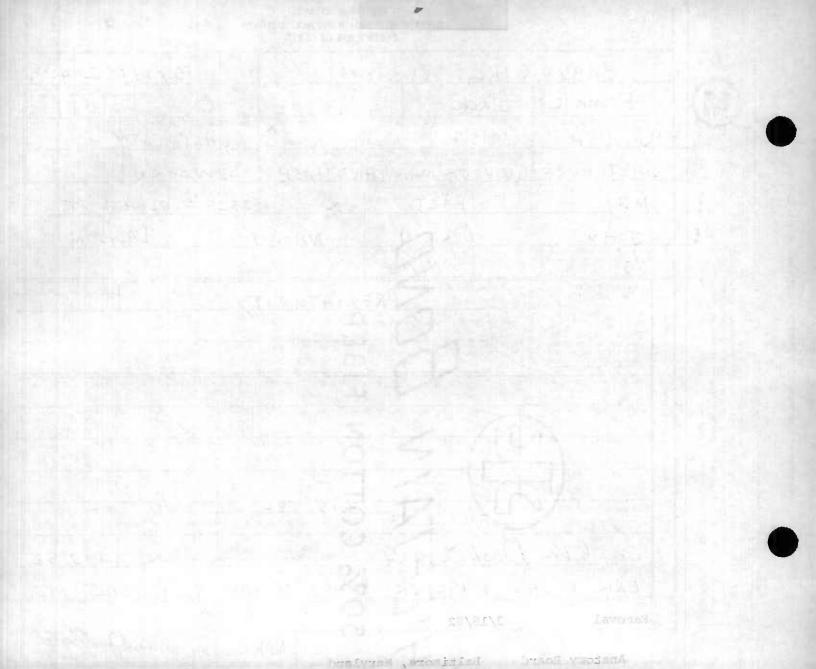
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a DATE OF DEATH 26 HOUR A AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 0 9. BALTIMORE CITY OR COUNTY OF DEATH 12h, KIND OF BUSINESS OR NEWBORN INDUSTRY 13e STREET ADDRESS 2525 E. OLIVER ST. MIDDLE AWSON ADDRESS APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Removal 3/18/82 24 FUNERAL DIRECTOR ADDRESS 20

DHMH - 16 50M 1/B1

(VRA 15, 4)

Anatomy Board Baltimore Maryland



h.	V			STATE OF MARYLAND		
W.	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE & 4	16/00
1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be r, page 3 rer death	In a	EDWAR	B B NOT	TINGHAM	02 1	20 82 530pm
er de	3 SE	X	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
urs at	1	MALE	BLACK	7-13-1908	73 YR	
2 hod P		DUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	_ /
de ort	M	AMPTUN 1/A	UISIA	WIDOWED DIVORCED	BALTIMOR	E C174 MD.
on safter of saf	10 0	TY OR TOWN OF DEATH	1.5 NAMA OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	1	Altimore	troviden	T 1+050, +41	BARBER	BARBERING
212	13a	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION, GIVE RESIDENCE BEFOR			
NN 24 h	N	ARYLAND	BALTIN		3406 COPLA	YY BROAD
rtely 2 sh	14 F/	THER'S NAME		15. MOTHER'S MAIDEN NA	AME	
MAR wind and a supplet			DITING HAM	MAHILE	MIDDLE	nerlan)
+ 5		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC		ADDRESS	7011010
9 00 00	1	YES, NO OF UNKNOWN) (IF YES, GIVE Y	VAR OR DATES)	8003 MeshiLYAY	NOTTILIEHAM 3	HAC CORE ON PARA
ALTIM te be rician pers. P	=	18 CAUSE OF DEATH (Enter only	cape cause per line for in the pr		THO THE HIT O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r., B.		PART I. DEATH WAS CAUSED	BY. C. DO Y	TO RESPIRATOR	Y ARREST	BETWEEN ONSET AND DEATH
Cent ribor ricev		IMMEDIATE	CAUSE (o)	Stores I will the	(.11<1-25	
ESTOI death artend ave ca fran, a		4310	DUE TO, OR AS A CONSEOL		D - MASSIC	C
04		Conditions, if any, which gove rise to immediate	(0)		D 11143211	
W. Pl		couse o, stating the underlying cause last	DUE TO, OR AS A CONSEQU	PERTENSION)	
s th		2.07.0 07.150.00.00.00	10			
	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CONDITION (GIVEN IN PART 1(0
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of thending physician. ther this certificate has been sig as the burial-transit permit. Ther th and Mental Hygiene prior to be orked or Item 18 shows any injur	CERTIFICATION	19a DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
he lav an. has be spermene prows a	FIC	THE OF CLEANION	The CONDITION TOR WITHER	OF ERATION WAS FERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
VITAL N: The bysicia ricate h ransit Hygiel	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HOW INDITIBLE OF CUE	YES NO CENTER NATURE OF INJURY IN ITEM	YES NO
V OF VITA V OF VITA SICIAN: TI ng physics certificate certificate ental transit frem 18 sh		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR	KED (ENTER NATURE OF INJURY IN ITEM	8, PART I OR PART 2)
ON OF IYSICIA ding pl is certif burial: Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21¢ PLACE OF INJURY	19		
PHY trendi	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK				5711 -
Z - 2 5 9 2		220.1 certify that (1) (this haspital saw the deceased alive an	MALCH 20TH 19	MARCH 20TH &	2 10 MARCH 2	19 87. that (1) (we) lost
E 9 F 3 P 2		above, (1) (we) (did) (did not)	ylew the byody after death.	, and that in (my) (our) opinion	death accurred on the date and h	
OR A DIREC Oched Dept.		226 SIGNATURE	towen	DEGREE ATTENDING	MEDICAL STAFF	22t. DATE SIGNED
		/3(1 Jan Zan	PHYSICIAN [DIRECTOR PHYSICIAN	
HOSPITAL med by the FUNERAL uld be detain the State ORTANT:		22d. PHYSICIANS NAME (TYPE OF	abed)	22e ADDRESS	S = 11	
TO HOSPITAL retorned by 1 TO FUNERAL should be de with the Stoti		REH MALCI	of all Jan	nmi) prov	DENT HO	SPITAL BALT.
7 € ⊢ ≈ 3 ≤ 3	23a E	URIAL, CREMATION, REMOVAL	23h DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
15/1 BP	L '	BURIAL	2 24 25 H	QBUTUS MEM PK	ARBUTUS BY	TO CAV MD.
DHMH - 16 50M 1/76	24 Ft	INERAL DIRECTOR	ADDRESS	25a. DA1	E REC'D. BY REGISTRANDID. REG	STATE OF THE PARTY
(VR A 15 (4))		USEPH L. RU.	88 2722 W. N	LORTH ALL API	R 13 1982 China	0

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	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND ME

NTAL HYGIENE

	REGISTRAR				CERTII	ICATE OF DEATH		REG. NO.		
	DECEASED NAME	FIRST		MIDDLE	11.5	LAST	20 DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
	(TIPE OR PRINT)	FRANCE	S	C	NU	CCI	MARCH	7,1982		4:45 pm
éE.	SEX		4 RACE			OF BIRTH	6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER 1 YEA	
ď١	Female		White	e	Marc	h 30, 1894	87	YRS	MONTHS DATS	S HOURS MIN
17	HIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- 🗖	9 BALTIMO	RE CITY OR COUN		
1	COUNTRY) Italy		U.S.	Α.	WIDOW	D L NEVER MARRIED !		imoreCity	7 .	MD
Ji	CITY OR TOWN O	FDEATH			G HOME	OR OTHER INSTITUTION	12a. USUAL (OCCUPATION	12b. KIND	OF BUSINESS OR
1	Baltimore			th FACILITY, GIVE STREET. h Hospita		nC.		maker	SUFE) INDUSTR	/
Ų	SUAL RESIDENCE (#		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)					
	Maryland	13b. COUP	N14	Baltimor		13d. INSIDE CITY LIMITS?		^{ADDRESS} Plumer Av	renue	
14	FATHER'S NAME					15 MOTHER'S MAIDEN		- I dile I II V	Cirac	
	Pasqua	1 Cio	ffoni	LAST		Felicia	Co	sarini	Ł	AST
16	WAS DECEASED I			166 SOCIAL SECU	RITY NO.	17. INFORMANT	a ce	ADDRESS		
П	(YES, NO OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)	218-18-1	094	Ormo Nucci	181 Ke	nwood Pd	Dacado	na Ma
F						OTINO Nucci	101 10	nwood Rd.		
Н	PART I. DEA	TH WAS CAUSE	D BY:	CEDER DOV		AR ACCIDENT			BETWEE	NONSET AND DEATH
П	112	IMMEDIA	TE CAUSE (0)	CLINEDIO	TOOOL	THE MOOT DEITH				
П	756	0	DUE TO, O	RASACONSEQUE	ALCE-OE V	TTO MACCIN AD	DICEAC	_		
	Conditions, if	ony, which	(6)	AKTERIUS	LLEKU	TIC VASCULAR	(DISEASI			
	gove rise to		3	2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6					1000	
1	underlying o		DUE TO, OI	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER	SIGNIFICANT	(c)	ONITRIBUTING TO F	EATH DIT	NOT RELATED TO THE TE	BAAINIAI DISSASS	OR CONDITIONS	N/ENLINL DART 1	
1	Z TAKI Z OTTIEK	310(4)[10,4)4]	-ONDITIONS <u>CC</u>	SINTRIBUTING TO L	ZEATH BUT	NOT KELATED TO THE TE	KMINAL DISEASE	ORCONDITION	SIVEN IN PART	110,
- 1	19a DATE OF OF	PERATION	19b CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? Zob IF Y	YES, WERE FIND	INGSTISED
2 3	<u> </u>							IN CER	TIFYING CAUSE	S OF DEATH?
- 3	210 ACCIDENT WA	AS DINDERLYING.	21b. TIME O	E INTITION		Tale HOW IN HURY OCCU	YES	71	YES	но 🗆
	OR CALIFORNIA	CAUSE OF DE	I LIOUR A		Y YEAR	21c HOW INJURY OCC	UKKED (ENTER NA	URE OF INJURY IN ITEM I	8 PART I OR PART 2)	
13	S (IF EITHER NOTIF)	MEDICAL EXAMINER		м.	19					
1 5	(IF EITHER NOTIFY 21d. INJURY OC	CURRED	21e. PLACE (OF INJURY	ARM FTC)	211 LOCATION		CITY OR TOWN	COUNTY	STATE
1	ANUITE N	OT WHILE		,,,				State of the second		
	220-1 certify the	ot (1) (this hospi	ton ottended the	e deceased from	ANUAR	Y 22 19 82	MARI	CH_7	1,82	, that (In (we) lost
L	sow the de	reased alive on	MARCH THE body	ofter death 199	82	nd that in (my) our opinio	on death occurred	d on the date and h	our and from th	e couses stated
	226. SIGNATUR		111	one dedin		DEGREE			22c. DAT	E SIGNED
	ter	of his	-1/00	mkey	2 16	D ATTENDING		STAFF PHYSICIAN	3/	スタン
1	22d. PHYSICIAN	'S NAME (TYPE C	R PRINT)	-	-	22e. ADDRESS CHUIF	DIRECTOR!	CODD	1	1
	PAUL E	GORMI	EY MD.			100 N. BROZ	THUA YUME	ALTIMORE,	MARYLA	ND, 21231
	I THOL L	- ~~!!!!	1104	-		1200 111 01107				,

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: Afreshould be detached for use as with the State Dept. of Health MPORTANT: If Item 21 is

/Burial

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

March 10,82 Holy Redeemer Cem 23d. LOCATION

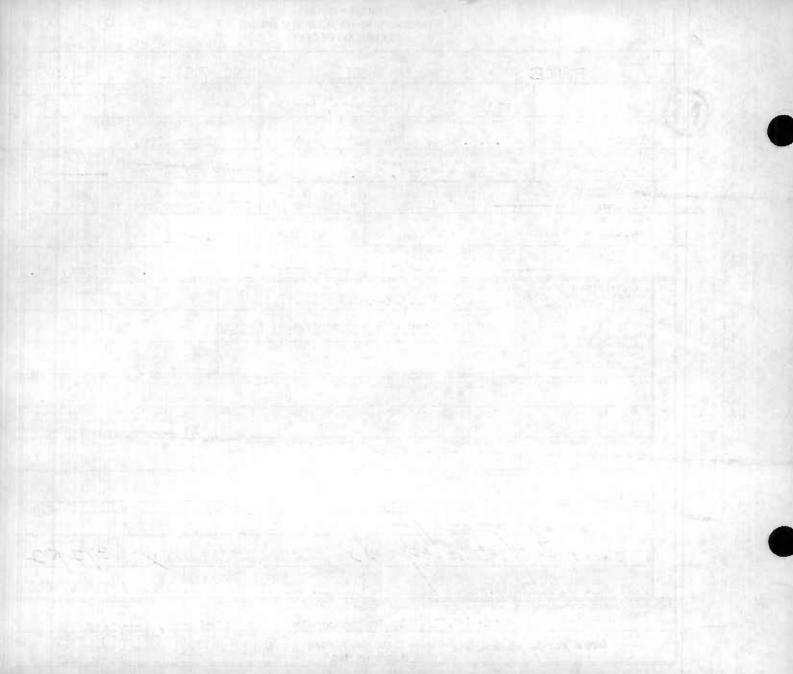
STATE

Baltimore.

24 FUNERAL DIRECTOR
NAME Dippel Funeral Homes, Inc. ADDRESS 7110 Belair Road

Baltimore, Md

23c. NAME OF CEMETERY OR CREMATORY



Lemmon-Mitchell-Wiedefeld, 10 W. Padonia

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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3/26/1982

Walter Brooks Bradley Inc., Balto., Md. 21222

- STATE

REGISTRAR

Cremation

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Green Mount Crematory

REG. NO

12:30 N

12h KIND OF BUSINESS OR

SELF-EMPLOYED

INDUSTRY

21218

CHOATE

COUNTY

Baltimore

22c. DATE SIGNED

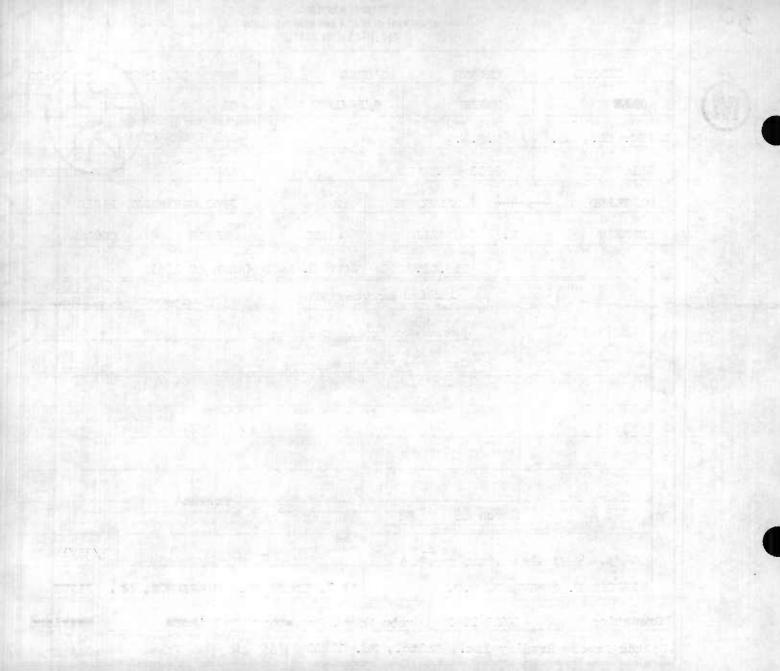
3/25/1982

21202

Maryland

STATE

Instant



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

LAST

MOGO DATE OF BIRTH

Metastatic Pancreatic Card

M aryland General Hospital

YG	IENE O &	0	0	V	03
	REG. NO.				
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR
	March 3, 1982			5:3	0a
11	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS	R 1 YEAR	IF UNDER	24 HRS
	49 YRS.	WIGHTIS .	DATS	HOURS	MIN
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH	- 1	
7	Baltimore Ci	ity			M
	128 USUAL OCCUPATION LEVEL OF WORKING I	12h	KINDO	BUSINE	SSO
	Judin	R	d.	Cu	0
	13e STREET ADDRESS	11	-	71 ()	
	519 S. 1)a	la	05	5.	
NAM	AE MIDDLE		h/sasi	1	
1	le	9	120	R	
	ADDRESS		1	01	
a	om 519D.	all	asi	18	
		6	APPROXI	MATE INTER	VAL
i	noma				
			1		
			-) 14		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

Carcinoma of the Pancreas February 2. 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

PM

21e. PLACE OF INJURY

220.1 certify that (this haspital) attended the deceased from January

sow the deceased alive on March 3.
obove, (I) (we) (did) (did not) view the body after death

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

211 LOCATION

STREET

20a AUTOPSY?

NOXX

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH? YES T

20b. IF YES, WERE FINDINGS USED

NO [

COUNTY

STATE

82 , and that in (mg) (our) opinian death accurred on the date and hour and from the causes stated

DEGREE ATTENDING PHYSICIAN [

MEDICAL DIRECTOR PHYSICIAN

March

22c. DATE SIGNED 3/3/82

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

FOR

REGISTRAR L DECEASED NAME

TR UNKNOWN)

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause last.

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER)

214 INJURY OCCURRED

PART I. DEATH WAS CAUSED BY:

Dorothy

136 COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE

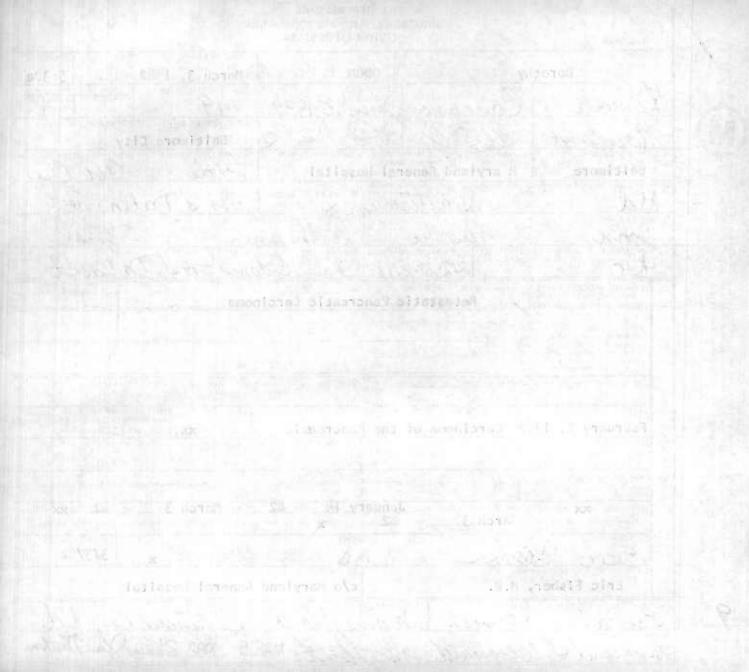
- STATE

Eric Fisher, M.D. 23b. DATE

23c. NAME OF CEMETERY

c/o Maryland General Hospital 23d LOGATION

DHMH-16 50M 1/B1 (VRA 15, 4)



MD.

Singleton Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

had .

(VRA 15, 4)

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	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 3 2.	06/07
3 pe	{TYP	CEASED NAME FIRST Baby	Boy	O'NEILL	20 DATE OF DEATH MONTH	29 82 2 45 pm
99e 4 B	1 SE	MALE	CAUC.	5. DATE OF BIRTH MONTH 3 DAY 9 YEAR 82	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN YRS O O / 43
deoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X WIDOWED DIVORCED	Baltimore city or co	more City MD.
by the fulled with	B	ALTIMORE	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK A CWBOTA	RING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
filled in ould be	13a.	STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY ORK 130. CITY OR TOWN ORK	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
completely 1 ond 2 sh	14 F.	TBERNARD	o Nei	15 MOTHER'S MAIDEN NAM	MIDDLE	Jent
Poges		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR		O' Neill	Devile Inc.
that the death certificate by the attending physicialess remove carbon papers, iol, cremotion, or removal.		Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) premat DUE TO, OR AS A CONSEQUE (c) premats	hory failure NCE OF NCE OF Labor		BETWEENONSET AND DEATH 1 mm eliate
been signer than 1 been signer to burn ony injury, o	ATION	PART 2. OTHER SIGNIFICANT C NONE 190 DATE OF OPERATION	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM		N GIVEN IN PART 110 IF YES, WERE FINDINGS USED
The locion.	CERTIFICATION				YES NO	YES NO
SICIAN: ing physin certificat virial-fron Aental Hy, Item 18 s	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	ED (ENTER NATURE OF INJURY IN IT	em (8 PART : ORPART 2)
ING PHY r offending After this os the bu th and M orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA		CITY OR TOWN	COUNTY STATE
ATTEND ospitol oscillarios de for use of Heo		sow the deceased alive on above, (1) (we) (did) (did no	tol) oftended the deceosed from 19 4	3/24 19 82 22 , and that in (my) (our) opinion of		
by the high state of the both the high state of the both state of		W. Mickey	Rogere M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED 3/29/82
TO HOSPITAL efformed by the should be det with the Stote		W. Micha	el Rogers M	10 SINAI	HOSPITAL OF	BALTIMORE
BP		BURIAL, CREMATION, REMOVAL		· Joseph Cath. Cem	23d LOCATION CITY OR TOWN HANCVER	YORK TA
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR Eline Funers	al Home, Reisters		REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE

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		11-	FOR STATE REGISTRAR		ME		STAT MENT OF H EXAMIN	EALTH		NTAL H			REG. N	0 6	7	J	3
		1. DE	CEASED NAME	FIRST		WIDDLE			LAST			DATE I			DAY	YEAR	7b HOUR
21150	W - 1 - 4 97 - 2	(TYP	E OR PRINT)	Inn				-	Nei!			OF DEATH	ESTI-	_			28 HOOK
	NO SECTION	3 SE)	14	.RACE	5. DATE OF BIRTH		6. AGE (IN YEA		DER I YR.	IC LINIDED	24 UDC 12		MAIED	2 MONTH	22 DAY	1982 YEAR	M
	2000				MONTH DAY	YEAR	LAST BIRTHDA	MONT		HOURS	MIN. P	C DATE	CED	MOCHI		TEAR	6:30
8	909 Man			White	8 22		57 YR	S.				DEAD		2		1982	Рм
•		FO	RTHPLACE (STA	/	7. CITIZEN OF W		NTRY?	8 MARR WIDOW	VED NEV	MARRIE DIVORCE	ED 🔲			OR COUN		EATH	MD.
	OURS AFTER DEATH. IF ANY DELAY IS. IT. B. GIVE PAGES 1, 2, AND 3 TO THE FU. 3 WITH FORM PM. 3. RETAIN PAGE 5 AIT. PAGES 1 AND 2 SHOULD BE FILED E. DIVISION OF VITAL RECORDS. 201	E	ty or town o Baltimor	е	11. NAME OF HO (IF NOT IN SUCH F 1215 S	Han	over St	reet		ION	12a. USUA FOR MG		ATION (T	YPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY		
21201	RETAIN RECORD		Md.	F IN NURSING HOME O	R OTHER INSTITUTION, G TY	13c CITY	E BEFORE ADMISSION OR TOWN	N)	13d. INSIDE CIT	Y LIMITS?	13e STREE			ver S	t.		
BALTIMORE, MD. 21201	SEST, 2, A PM 3.	14. FATHER'S NAME PIRST MIDDLE LAST 15. MOTHER'S PRIST											DDLE			LAST	
WO	PAG PAG NA	16a. V	VAS DECEASED	EVER IN U.S. ARA	AED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFORM.	ANT			ADDRES	SS	5. 1		
Ę	AFT NE PAFT ISIO	()	L 3, 110, OH GITKING W	(IF TES, GIVE V	WAR OR DATES!	241	L-26-49	66	District								
W. PRESTON	UTED WITHIN 24 HIN PENCIL IN ITEM EXAMINER ALONG ALAI - TRANSIT PEN AMATAL HYGEIN ON, OR REMOVAL.		PARTIDEA 40 d Conditions gove rise	IMMEDIAT IMMEDIAT If ony, which to immediate toting the under-	E CAUSE (o) HV DUE TO, OI	perte R AS A COM		F	ova scu	ılar	disea	ise			BETW	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201		CERTIFICATION	PART 2 OTHER SIGN 190. DATE OF C		CONTRIBUTING TO DEATH		WHICH OPERA				Tlo				20 A	UTOPSY?	
N N	*82555	E														ES 🗌	NO 💢
ONOF	GTHE W TO THE HOULD BARTMEN	MEDICAL CE		OR G CAUSE OF D	EATH P.A	A. MONTH	DAY YEAR		OW INJURY (OCCURRED) (ENTER NA	ATURE OF INJU	JRY IN ITEM 1	BPART I ORP.	ART 2)		
DIVIS	WRITIN WARDED WARDED WAGE 3 S PAGE 3 S TATE DEF	MED	216 INJURY OC WHILE AT WORK		21e PLACE STREET, FAC	TORY, FARM, E			CATION			CITY OR TOW	VH	CC	YINUC		STATE
•	TO MEDICAL EXAMNER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "FPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNDED BY THE TOF FUNDED SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HEATTER DEATH, WITH THE STATE DEPARTMENT OF HEATTER DEATH, WITH THE STATE DEPARTMENT OF HEATTER DEATH.		deoth resulted	Sho	e of the cemoins de	Acidens	ove, held on	Autop Ide	, Homicio		Undeter	Inquiry mined mon	nner 🗌	DATE SIGN		2/23/	82
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S N (TYPE OR PRINT	AME Th	nomas D.	Smith	. M.D.		ADDDESS	11	[Pen	n St		alto.	МГ)	
	A PAG SEG —	22 p		ON, REMOVAL 2			NAME OF CEM		ADDRESS		23d LOC		• L	<u>, u i i 0 .</u>	2 I'IL	•	
2201		230.B	PECIFY)			23c.	NAME OF CEM	EIEKYO	K CKEMAIO	KT	CITY OF	RTOWN		COL	YTA	STA	ATE
2301	BP	24 5	Remova JNERAL DIRECTO		3/10/82				Tar	G DATE D	ECID BY	DEC ICED :	Lace	CICTO CO	CICL	M. F	
	DHMH - 37	24. F	NAME	OK .	ADDRES	s			12	MAD	1 8	1982	The	SISTR (RS)	NA CALL	CONTRACTOR OF THE PARTY OF THE	
	(VR A15 ME (5)) 15AA 2/80		Anatomy	Board	Bal	to.,	Md.			ITIM	1 1 0	IJUL		(/			

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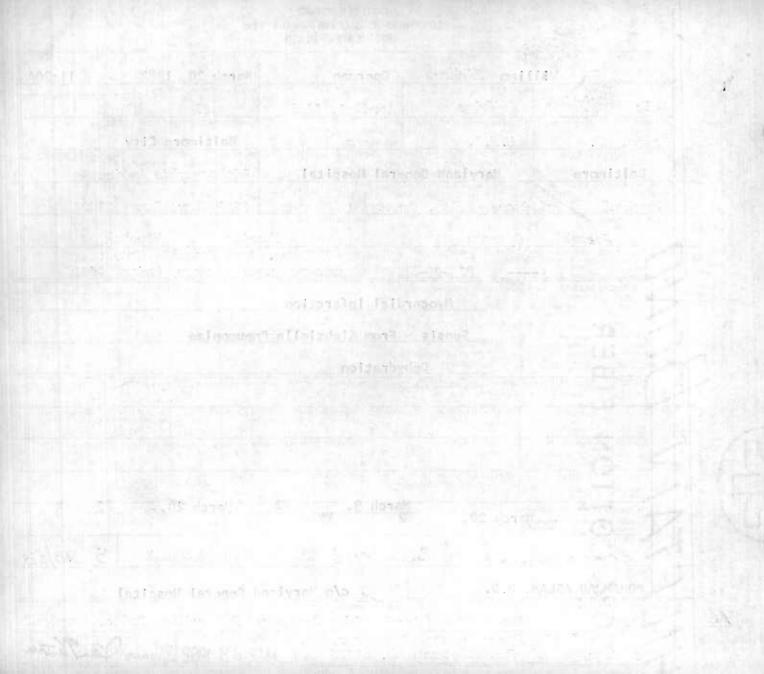
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

S	TATE	OF M	ARYLAND	

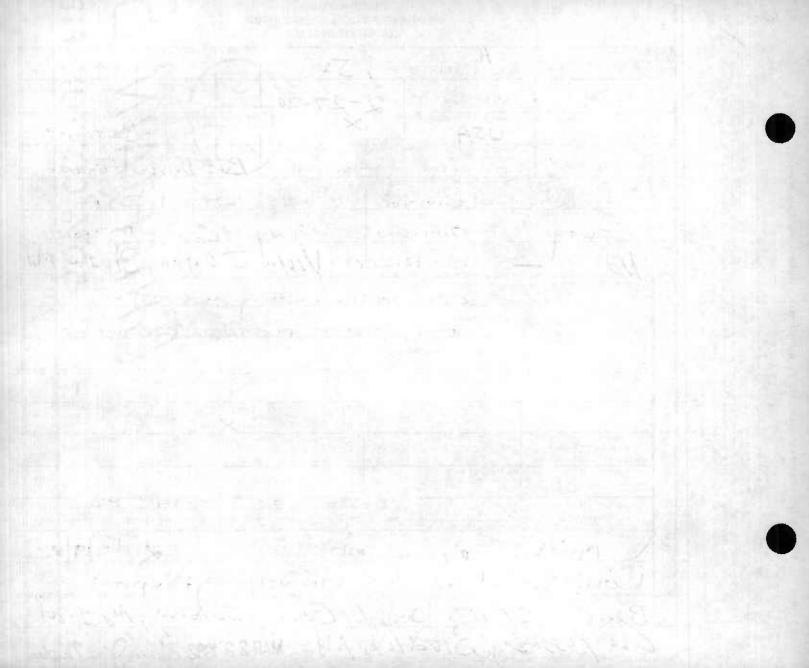
1	1 -	STATE REGISTRAR			DEPAK	CERTIF	ICATE OF DEATH	SIENE O	REG. N	0		
		CEASED NAME	FIRST		MIGDIE	Į.	AST	20. DATE OF			AY YEAR	26 HOUR
	Titte	OR PRINT)	Wil	liam R	ickert	Ope	rman	March	20.	1982		11:20A M
	1.58	X.	1-11	4. RACE		5 DATE C	OF BIRTH	6 AGE INY		THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Ma	le		Whi	te	Apri	7 1. 1888		93	YRS	ONTHS DAYS	HOURS MIN.
	M. BI	RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	/? 8.	D NEVER MARRIED	9. BALTIMO		RCOUNTY	OF DEATH	
S	Ва	Ito. MD.		U.S.A		WIDOWE		Bal	timor	e City	/	MD.
P		Baltimore		(IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	Hospital	120 USUAL (OCCUPATION MOST C	on of working life hic Ar	12b. KIND C	PF BUSINESS OR
5	Ma	AL RESIDENCE (IF NURS STATE MILAND	Balt	OTHER INSTITUTION	GIVE RESIDENCE BEFO 130. CITY OR TO Balto. C	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 22	13e STREET 7	ADDRESS		2120	7
X)	Josep	4	Operma	n		FIRST Kathe	erine	MIDDLE	Mars		T
-		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT Mrs.	Jane F	raeni	tel-Co	nrat	
d.		No			212-07-3	3279	Starboard-Buc	cks Ha	rbor.	Main	e 046:	18
0	ATION	Conditions, if ony, which gove rise to immediate couse [o], stating the underlying couse lost. Due to, or as a consequence of (b) Sepsis - From Klebsiella Pneumoniae Due to, or as a consequence of Dehydration PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, W									N IN PART 100	
7	TIFICATI	THE OF CLEAN		178. COND	TION TOK WHIC	TO EKATION	T WAS TEN ORMED	200 AUTC	NO		ING CAUSES	
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		22d. PHYSICIAN'S NA					22e ADDRESS					
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1		URIAL, CREMATION, SPECIFY) Burial	Tom.	March	23,82 I	Druid F	emetery or crematory Ridge Cemeter	y Pike	SULL			
18	24 FL	NERAL DIRECTOR Z	Joring	Byers	Funeral	Direct	tors, Inc. 250. DAI	E REC'D. BY R	EGISTRAR	25b. REGISTR	APC SIGNAT	on a
	87	28 Liberty	Road	Randa	llstown,	MD. 2	21133 M	AR 23	1982	Cornes	den	/ lailer

DHMH - 16 50M 1/B1 (VRA 15, 4)



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0 6
• S.	OVERTON	20. DATE OF DEATH MONTH DAY YEAR 3 30 82
E	S DATE OF BIRTH 01 DAY 12	6 AGE (INYEARS LAST BIRTHDAY) IF UNDER LYE
A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
ACHITY, GIVE STREET A	G HOME OR OTHER INSTITUTION LE AVENUE	120 USUAL OCCUPATION 12b. KING (17PE OF WORK FOR MOST OF WORKING (1FE) INDUSTINUESE

- STATE REGISTRAR DECEASED NAME AKA LAURA 2h HOUR LAURA 3. SEX 4. RACE FEMALE WHIT 7a. BIRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WI NORTH CAROLINA U.S. ID CITY OR TOWN OF DEATH NAME OF HO OF BUSINESS OR (IE NOT IN SUCH F BALTIMORE 327 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 327 MARTINGALE AVENUE, 21229 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WILLIAM RENA NOAH STEVENSON BELL MAY 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT 216-07-5200 NO JOSEPH L. OVERTON 327 MARTINGALE AVENUE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IS gove rise to immediate couse (o), stating the underlying couse lost. ITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 218 PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (awr) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) with the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

MPORTANT: Cliff Ratliff, Jr. 5772 Westview Mall 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d. LOCATION (SPECIFY) BURIAL 04-02-82 NEW CATHEDRAL BALTIMORE CITY 24 FUNERAL DIRECTOR 21229 DMMH - 16 50M 1/B1 (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE,

25a. DATE REC'D. BY REGISTRAR 25b, REGISTR

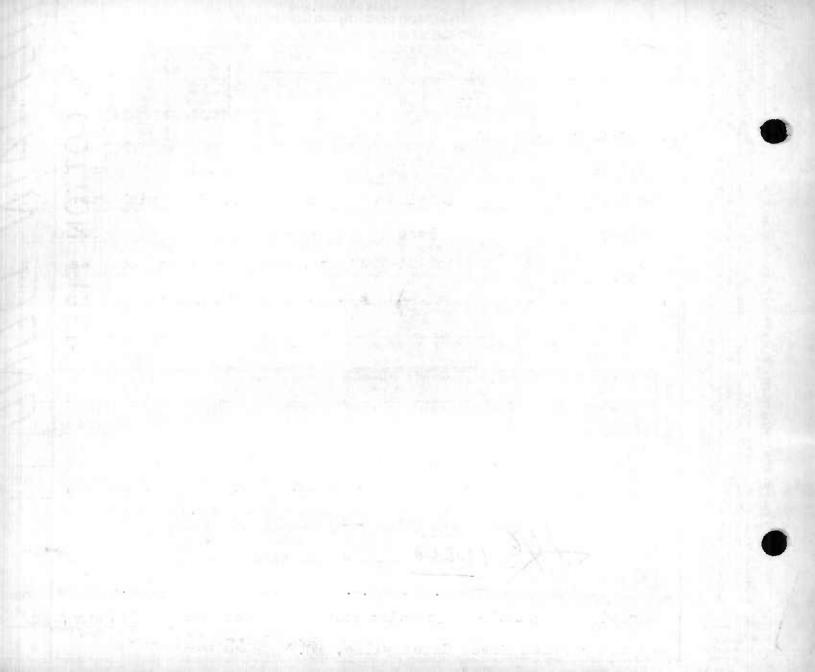
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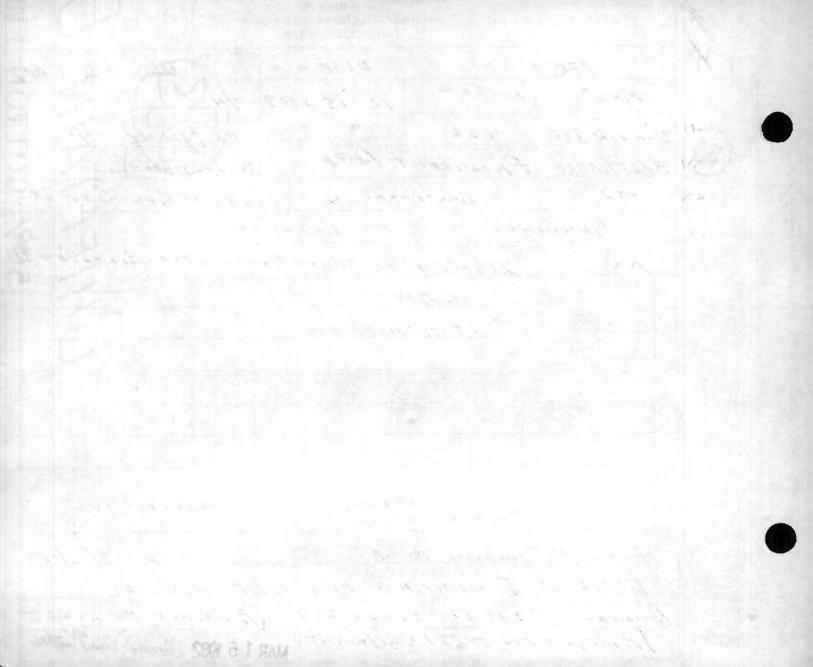
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ST	OURS AFTER DE 18. GIVE PAGI G WITH FORM MIT. PAGES 1 A 16. DIVISION OI		18 CAUSE C	OF DEATH (Enter online EATH WAS CAUSED	y one cause per line	e for (a), (b), and (c).)						300 U	LVIII	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
N	24 HOUR TEM 18. ONG W PERMIT. SIENE, D	13	0000		E CAUSE (o)	211	noke in	ina i a t	ion							
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201	NA PERSON		lying car	use last.	(c)											
RECORDS	ERE, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO. CATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG OR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER S	IGNIFICANT CONDITIONS C		BUT NOT RELA	TEO TO THE TERM	INAL OISEASE	OR CONDITION	N GIVEN IN PAR	RT 1 (a).					
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000	0	24 F	UNERAL DIREC	CLOR	CONG 220					25a. DATER	EC'D. BY R	REGISTRA	R 25b REC	SISTRA	NOME	4.
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2 4 5 5 F	1. DECEASED NAME (TYPE OR PRINT)		gene	MIDDLE War	ren	Paine)	20 DATE KNOW! OF ESTI- DEATH MATED			R 75 HOUR
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AND 3 AND 3 AND 3 HOULD RECORD	Maryland	13b. COUNTY	or other institution, give residence before admission) NTY 13r, CITY OR TOWN Baltimore			13d INSIDECITY LIMIT	PAA	wich	Ave. 2	21229	
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY DELAY IS NECESSARY GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTIFF FORM PM 3. RETAIN PAGE 5 FOR YOU'R PAGES I AND 2 SHOULD BE FILED, WITHIN 72, HIVISION OF WITAIN RECORDS, 201 W. PRESTON 59	Delbert 160. WAS DECEASED EV		MIDDLE LAST Page			15. MOTHER'S M. FIRST Heler 17 INFORMANT		MIDDLE	25.5	Brink	2
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE. WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PREMIT. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, it gove rise to cause (a) state lying cause la	o immediate ing the <u>under</u> st.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	e or condition given		cations			SET AND DEATH
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VENCE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PATER DEATH, WITH THE SIZE BALTIMORE, MARKLAND; 2)		at I took charge of	the remains desc		Suicide	Homicide TITLE (SPECIFY	()	Inquiry, ermined manner [ond in my	,	2/82
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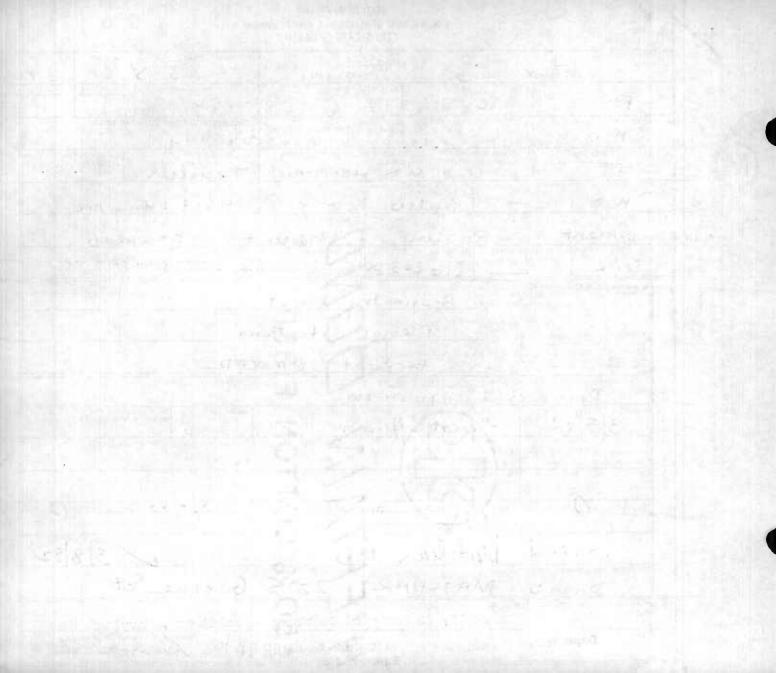
- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	1			STATE OF MARYLAND		
16	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE & Z.	16/16
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
PAGE 1		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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LAND 2 Inn 24 h	AA .	revised.	0	NOTE YES NO [BALTIMURE, M	MELKAND 21717
≥ 5 ± ± ≺	14. F/	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	NAME	
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OR OR		saw the deceased alive or	3/3/ 10	0.	on death occurred on the date and h	nour and from the couses stated
hosp hosp in the febrary of them 2		obove, (I) (we) (did) (did no 22h SIGNATURE	ot) view the body after death.	DEGREE		22c DATE SIGNED
		1	Latter	ATTENDING	MEDICAL STAFF	IR. DATE SIGNED
ERAL Stote		226. PHYSICIAN'S NAME (TYPE O		PHYSICIAN 122e. ADDRESS	DIRECTOR PHYSICIAN	5
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111	23a. (BURIAL, CREMATION, REMOVAL	/ /	NAME OF CEMETERY OR CREMATORY	Y 23d LOCATION	COUNTY / STATE
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DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR BY	9274 A/ ADDRESS	md. 21216 250. D.		ISTRAR's SIGNATURE
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pa	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST O		IND OF BUSINESS OR					
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heri		cause (a), stating the	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
ar of		underlying couse lost	1 10 MOTASTA	ATLE	BREASTE	17.							
7.	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(a					
<u>=</u>	Ó		LEFT PLEKAL	にトナ	usion.			A STATE OF THE STA					
any	S	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F						
300	E	2.18.81.	LON MAISTO	ECTON	y.	YES NO	YES 🗌	NO P					
50	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	- 1	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PA	ART 2)					
Ed	AL	OR CONTRIBUTING CAUSE OF DE	MIN	19									
ir H	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	7 5 5 5 5 5 5	wn coun	NTY STATE					
ked	X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC)	STREET	CITY OR TO	WN COOP	SIAIE					
Bar	1 3		pital) attended the deceased fram_			to	19	, that (I) (we) los					
1 15		sow the deceased alive o	n19		nd that in (my) (our) apinion	death accurred on the de	ate and hour and fro	m the couses stated					
E		22b. SIGNATURE	ot) view the body ofter death.		DEGREE		1 22c.	DATE SIGNED					
±	1	Milia	7,		M ATTENDING	MEDICAL STAI							
ž-		22d. PHYSICIAN'S NAME (TYP)	OR PRINTS		122e ADDRESS	DIRECTOR PHYSIC	.IAN []						
MPORTANT					0	7 11 -	00.00						
NA P		SHA				3 ALTIMOKE	YENL KA	IL HOSPITAI					
	23a. E	BURIAL, CREMATION PENOVA	O 1 236. DATE 23c. 1	NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE					
		Burial	16 Mar. 82 S	Secur	ity Process		Balto.						
/01	24 FI	UNERAL DIRECTOR			25a DA1	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SI	GNATURE					

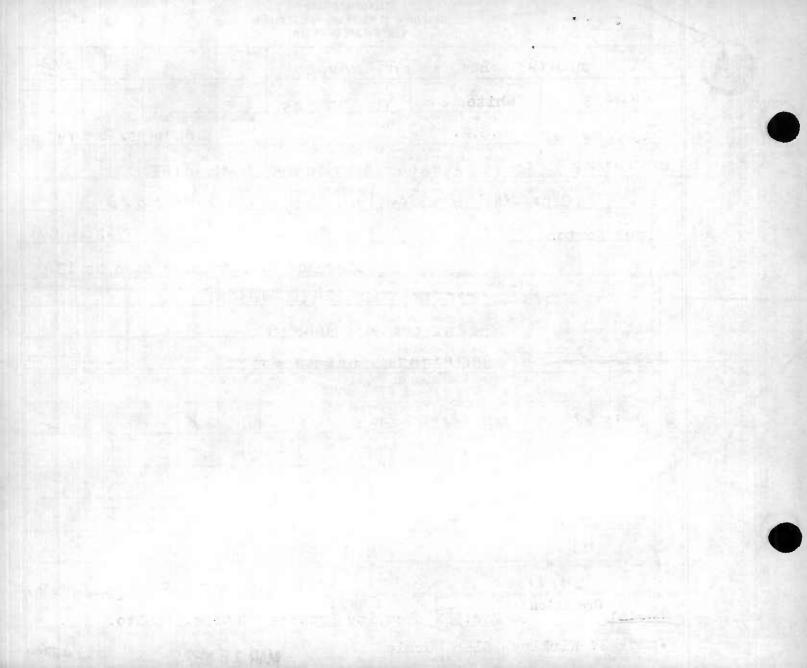
Glen Burnie

DHMH - 16 50M 1/81 (VRA 15, 4) James S. Kirkley

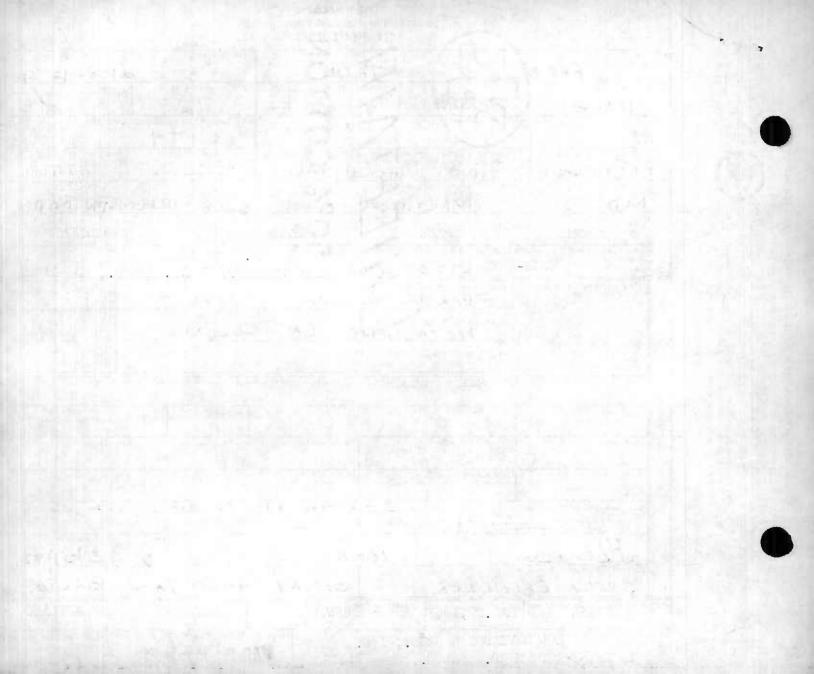
O FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. I with the State Dept. af Health and Mental Hygiene prior

ATTENDING PHYSICIAN:



A	1.	FOR STATE REGISTRAR				ENT OF HE	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	0	6 /	19
9 m #		OR DRIVE TO	IRST	MIDDLE	,	0.	ST	20 DATE OF DEATH		DAY YEAR 26	HOUR
ay be	3. SE		ED	ACF		S. DATE O	F BIRTH 1909	6 AGE (IN YEARS LAST BI	-		J. 55 DW
ctar, p	3. SE	MALE	9. K.	CAUCASIA		MONTH	DAY YEAR	7)	~	ONIHS DATS HO	UNDER 24 HRS
10 mg	7a B	RTHPLACE (STATE OF FOR	IGN 7b C	CITIZEN OF WHAT O		R		9 BALTIMORE CITY	PR COUNTY	OF DEATH	
97		RUSSIA		USA		WIDOWE	NEVER MARRIED DIVORCED	017	4		MD.
A) 1/2	Ĩ	3A LTIMOR	35	SINA SUCH FACILITY	GIVE STREET AD	HOS	PITAL	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST) PROPRIET		PRIN	TING
3 5	13a	A	COUNTY		DENCE BEFORE AL	- 1	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		#212	
show show	14 F4	ATHER'S NAME		IBA	4710	nore	YES NO 15. MOTHER'S MAIDEN N	6108 9	REEN	USPRIN	SUANE
30C		MORRIS	MIDDI	P.	ΑΰĽ		ESTHER	WIDDLE		UNKÑOW	٧N
Pages Pages medical	16a V	VAS DECEASED EVER IN		ARMY 21	CIAL SECURI	TY NO.	1	RS. RUTH PAU		CO. MD	21209
physicio snpapers smaval.		18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only or CAUSED BY MEDIATE CA	CAL		IC]	-MONARY			APPROXIMAT BETWEEN ONSE	
anding carba o, ar re		1539	MEDINIE CI	DUE TO, OR AS A C							
e atte		Conditions, If any, w gave rise to immed	liate	(b) NE	TAST	A-TI	C CA-	COLON		1 = 3 =)1	
by th ase re Il, crer		underlying couse		DUE TO, OR AS A	CONSEQUEN	ICE OF					
signed hen ple ta buric njury, o	NO	PART 2. OTHER SIGNIF	CANT CON	DITIONS CONTRIBU	JTING TO DE	ATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 11a	
os been bermit. The prior	CERTIFICATION	19a DATE OF OPERATIO	И	196 CONDITION FO	OR WHICH O	PERATION	I WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDINGS	USED DEATH?
Hygier Hygier 18 shov	ERTI	21a. ACCIDENT WAS UNDERL	YING	21b TIME OF INJUR	Y		21c. HOW INJURY OCCU	RED (SNISE NATHER OF INII	YES		10 🗌
certifica prial-tran ental Hy Item 18		OR CONTRIBUTING CAU		HOUR A.M. MC	DAY DAY	YE AR					
s the bur and Me	MEDICAL	21d INJURY OCCURRED		21e PLACE OF INJU			21f. LOCATION STREET	CITY OR 10	WN	COUNTY	STATE
R: Af use a Health is ma		220.1 certify that HT (th			sed fram		15-82 19 82			9 02 , that	
fCTO d for t. of t		saw the deceased (above_(1) (we) (did)	(did not) vie	w the bady ofter de	- 19 °		that in (my) (aur) apiniar	death accurred an the d	ote and hau		
tache e Dep		Makon	m.				B.S. ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE SIG	NED
Stot		22d. PHYSICIAN'S NAMI	HIM ORPAN	(1)		1-6-1	22e ADDRESS	DIRECTOR PHYSIC	IAN S	13/3	1182
should be det		SHEILA		NEZER			SINAI	HOSPIT	アト	BAL	to.
	23a E	SPECIFY) BURIAL REA	MOVAL 2	MAR. 22,19	82 23 AN	SHE E	MUNAH CREMATORY	23d LBALTIMO	RE	COUNTY MARY	LAND
H - 16 50M 1/81 (VRA 15, 4)				VINSON &				TE REC'D. BY REGISTRAR		PAR'S SIGNATURE	10
CONTRACTOR OF		5010 REISTER	STOWN	RD RAI	TO M	in a	21215	AR 24 1002	17	00	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MEN		IENE O Z	0	6 /	2 0
		CEASED NAME FIRST OLGA		MIDDLE A	PAUZ	A.		20. DATE OF DEATH	MONTH D.	18L	26 HOUR 8:45A M
	1 SE		4 RACE			OF BIRTH	WC 10	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
		Female	Whi	te	work	2 22	16	65	YRS	JIN HS DAYS	HOURS MIN.
5		RTHPLACE ISTATE OR FOREIGN aryland	U.S	•	WIDOWI		CED 🗌	BALTIMORE CITY C			MD.
3	В	altimore	JOHN'S	HOPKINS		PITAL	ION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker	ON F WORKING LIFE]	12b. KIND OI INDUSTRY	BUSINESS OR
5	Ma ^{13a}	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Tyland		Baltimor		13d. INSIDE CITY L YES MO		13. STREET ADDRESS	ombard	Street	21223
0		ATHER'S NAME FRANK	MIDDIE	K lis t		15. MOTHER'S MA		WIDDLE		Samul	evicute
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [YES. NO OR UNKNOWN] NO (# YES, GIVE WAR OR DATES)			16b SOCIAL SECURITY NO. 17 INFORMANT 212-07-6627 Frances M			M. Pa	Pauza 1125 W. Lombard Street			
		PART I. DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	ENCE OF	· palua.	Late Kale	parky.			AATE INTERVAL
	NOIT	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	INTRIBUTING TO L	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1(g	
	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORME	D	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED OF DEATHS
2	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEPLIE EITHER NOTIFY MEDICAL EXAMINES 214 INJURY OCCURRED	P./ 21e PLACE (M. MONTH DA	19	21c HOW INJURY	Y OCCURRI	ED (ENTER NATURE OF INJUI		COUNTY	STATE
	V	AT WORK AT WORK				3,400	(*)			(7.) -	
		220. I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE			82,01) apinian d	eath accurred on the do	ate and haur	and from the c	
		Tan 1.	Down	curse pe	.0,	PHYS	NDING SICIAN	MEDICAL STAI		22c DATE S	28/8L
		22d. PHYSICIAN'S NAME (TYPE O	A. 1.	alware		22e ADDRESS 601 N					
	23a B	SURIAL, CREMATION, REMOVAL				EMETERY OR CREA		23d LOCATION CITY OR TOWN	. 11.11	COUNTY	STATE
	24 Et	Burial UNERAL DIRECTOR	3/31/8	52 Mo	st Ho	1y Redeer		Baltimore			ryland
		bbard Funeral F	Iome In	c 41075 L	lilka	21229	250. DATE	REC'D. BY REGISTRAR	Manu-	Signal	arth
1	nu	DUALU FURGIAL I	ome, III	C. 410/ W	TIVE	10 11/6.	רווח	IV OT DOL	-	07	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	STA	TE	OF	M	ARY	LAND
DEPARTMENT	10	ш	AI	TH	AMI	MEM

WY	1.	FOR STATE REGISTRAR			IEALTH AND MENTAL HYGI	REG. NO.	06/21			
1		CEASED NAME FIRST E OR PRINT) Nich	olas R.	Pave	ese	20 DATE OF DEATH MONTH	182 8 PM			
	3. SE	Male	White			6 AGE (IN YEARS LAST BIRTHDAY) 86 YRS	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
of one	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) New York	U.S.A.	MARRIE		Baltimore City or Coun				
- High	В	Baltimore, MD.	Union Me	PITAL, NURSING HOME OF CHILITY, GIVE STREET ADDRESS) PROFIAL HOSP.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Jeweler	12b. KIND OF BUSINESS OR INDUSTRY			
J. Sarb	13e.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Bryland	NTY 13c		13d. INSIDE CITY LIMITS? YES 🌠 NO 🗌	13e STREET ADDRESS 3824 Monterey	Road			
Commine	14. Fz	ATHER'S NAME FIRST Generoso	WIDDIE	Pavese	15 MOTHER'S MAIDEN NAM	MIDDLE	Delosso			
medical	160 \	YES NO OR UNKNOWN) (IF YES G	ECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS OR UNKNOWN) (IN YES GIVE WAR OR DATES) 213-09-9606 Mary Kathryn Pavese 3824 Mon							
njury, ar ather traumatic event, i	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ED BY: ITE CAUSE (o) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF A CONSEQUENCE OF	Myola-diel	The times	SETWEEN ONSET AND DEATH Lutter Onset and Death			
2 yours only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO			
ar Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY YEAR 19 NJURY	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART 2} COUNTY STATE			
MPORTANT: If Item 21 is marked	W	WHILE AT WORK 220 I certify thou (II) his hosp sow the decorated by did did n 220. SIGNA WRE 220. PHYSICIAN'S NAME (1998)	on view the body ofter	De my	3/4 19.82	enth occurred on the date and h	19 That (I) we) last			
₩ —		BURIAL, CREMATION, REMOVAL Cremation		23¢ NAME OF C	EMETERY OR CREMATORY OUNT Crematory	23d LOCATION Balltimore	county Maryland			

DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

MAR 8 1982.

A Land of the Control MANUAL CONTROL SERVICE STATE OF THE PROPERTY O

. 50	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	FIENE 8 2	0	6 /	2 2
y be	ITYP	CEASED NAME FIRST E OR PRINTI	E J.	PAYMEI		AST	20. DATE OF DEATH	MONTH DAY	0-	7-15. M
ge 4 mc	3.56	FEMALE	4 RACE WHITE		5. DATE C		6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.
of My	7u. 8	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	R	D NEVER MARRIED	BALTOMORE	R COUNTY O	FDEATH	MD.
by the tilled with	В	ALTIMORE	UNION	MEMORIAL	G HOME C DDRESS) HOSP	PR OTHER INSTITUTION	12a USUAL OCCUPATI (1YPE OF WORK FOR MOST O HOUSEW)	OF WORKING LIFE)	INDUSTRY	BUSINESS OR HOME
y filled in should be the	73a. N	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		134 CITY OR TOWN BALTIMO	4	13d. Inside City Limits? Yes XX NO [1190 W.NOF		. 208 PKWY.	21210
ompletel		ATHER'S NAME JOSEPH	WIDDLE	GROSSMAN		15 MOTHER'S MAIDEN NA/ ELLA	WIDDLE		USSMAN	
be execu	160	VAS DECEASED EVER IN U.S. AI YESNOOR UNKNOWN) [16 YES, GI	RMED FORCES? VE WAR OR DATES)	220-44-6		NORTHERN PKW	RS. ZELDAPRS YY., APT. 51			MD 21210
g physici onpoper emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: TE CAUSE (o)	line for (a), (b), and		IM INFA	RCION		APPROXIM. BETWEEN ON	ATE INTERVAL
the death ce the ottendin emotion. or or troumatic.		Conditions, if ony, which gove rise to immediate couse (o), stating the	(b)_	R AS A CONSEQUE		CSPOMANY I	INSUFFICIE	NCY		
quires that signed by i hen please to burial, cri	Z	underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or conf	DITION GIVEN	IN PART 110	
he low recon. has been prior to ene prior to ows ony in	CERTIFICATION	196. DATE OF OPERATION	to the	ITION FOR WHICH (N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	VERE FINDING NG CAUSES O	S USED F DEATH?
SICIAN: ng phys certifica uriol-tror tem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA'	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM IB PART	ORPART 2)	
NG PHY offer this os the bu th ond M arked ar	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE, FA		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTENDI or nospital or ECTOR: A fect for use of the of He of		22a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did), (did no 22b. SIGNATURE	MAKE	· 85 19 5	on, on	d that in (my) (our) opinion of	, 10	ate and hour or	nd from the co	
SPITAL OR I by the h NERAL DIR. See detoche e Stote Dep		THE PHYSICIAM'S NAME (TYPE	OR PRINT)	so m g	- 1	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		3 25	18-
TO HOSPIT retained by TO FUNER should be with the Sit	730 5	I. KELLY-DO			AME OF C	UNION MEMO	PRIAL HOSPIT	ral		
7/3 ^{BP}		UNERAL DIRECTOR SOL	MAR.26	,1982 B	ETH T	'FILOH	BALTIMOR	RE	MARY	
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 11	6010 REISTERS	TOWN RD.	BALTO.		21215 MA	R 30 1982	Bance (O.M	t The

THE CHAPTER STATE

AND AS PRICE ECT OF The protocol by the state of th THE RESERVE AND THE PARTY OF TH PM rank y say was a mailing 1561 A/Z -- ord singer seems of all EXPERIE THE THE WAY THE SHEET A STATE OF THE PARTY OF THE PAR Bottal Bliefel Baltman Hattlen Care There's where the grade with the little of the complete state.

4	1	FOR			STA		ARYLAND		ZIENE:	3	0 4	, ,	
9	1-	STATE REGISTRAR			ICAL EXAMI					REG. 1	0 0	g da	. 3
1		CEASED NAME	FIRST 2		MIDDLE		LAST		2a. DATI			DAY YEAR	26. HOUR
1)	I	Brian	(Brya	nt) Emma		ene F	Pearson		DEAT	H MATED	□ 3	5 19 82	
-	3. SE:		1. RACE	5. DATE OF BIRTH MONTH DAY		YEARS IF UN	DER I YR. IF	OURS MI		UNCED	MONTH 3	DAY YEA	11:20
		ale IRTHPLACE (STA	Black	4 15	001 T	YRS.			O DAIT		A REAL PROPERTY.	5 19 82	Рм
5	FC	DREIGH COUNTRY)		US		WIDOW	ED NEVER	RMARRIED	X	timore	_		115
6	10. C	ITY OR TOWN C	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOA ILITY, GIVE STREET ADDRESS	AE, OR OTH			USUAL OCC	UPATION (T	YPE OF WORK	126 KIND OF OR INDU	
7	1	Baltimo		Provide	ent Hospita	al		32	FOR MUST OF W	ORKING LIFE)		OK IINDO	oiki -
Z.		AL RESIDENCE (IF IN NURSING HOME (OR OTHER INSTITUTION, GIV ITY	13t. CITY OR TOWN		13d. INSIDE CITY L	LIMITS? 13e	STREET ADD	RESS			
-	11.5	MD ATHER'S NAME			Baltimo	re		NO []		Moun	tmor	Ct.	
V	14. 17	Euger	20	MIDDLE	LAST		15. MOTHER'S		NAME	MIDDLE		LAST	
1	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	Pearson	ITY NO.	17. INFORMAN	ther		M .		Riley	
1		es, no, or unknov 10	VN) (#FYES, GIVE	WAR OR DATES)	N/A		Eugen	e Pea	arson	1505	Moun	tmor	7+
		18 CAUSE OF	DEATH (Enter an	ly ane cause per line						1303	11000	APPROXIM	ATE INTERVAL SET AND DEATH
		PARTIDE	TH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	Asthma							50.7	ACT ALLO DE ALL
		473	s, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF							
B B B B B B B B B B B B B B B B B B B	-	gave rise	e ta immediate		6 . 60 . 105								
		lying caus		DUE TO, OK A	AS A CONSEQUENCE	: OF							
		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION GIV	VEN IN PART 1	(a).				
	ON N												
1	CERTIFICATION	190 DATE OF	OPERATION	196. CONDIT	ON FOR WHICH OPE	RATION W	AS PERFORME	D?	5			20 AUTOPS	Y?
1	E E	21a EXTERNAL	CAUSEWAS	21b. TIME OF	INTERV	111. 40	NA INTERPO	CURRED	TAILED ALL SUBS OF			YES X	(NO [
3		UNDERLYING	OR	HOUR A.M.	MONTH DAY YEA	AR ZIE HC) W INJURY OC	COKKED (E	CNIEK NATURE OF	INJURT IN ITEM	IB PAKI I OR PA	rk (2)	
3	MEDICAL	21d. INJURY O	CCURRED	21e PLACE O	FINJURY (AT HOME.		CATION						_
	¥	WHILE AT WORK	NOT WHILE E	STREET, FACTO	DRY, FARM, ETC.)	5	TREET		CITY OR	TOWN	co	YTNU	STATE
		E/121		e of the rempays desc	libed abave, held an	Autops	y X, In	spection], Inquit	v 🔲 ,	and in my ap	omian	
		death resulte		rat courses A	(7)	ouicide	, Hamicide		Indetermined].		
		ACTUAL /	00.	. VH	1	_	TITLE (SPEC				= -		
2		SIGNATURE_	Kin	NOW IN	Mix	M.	D.Deputy	y Chie	MEDICAL EXA	AMINER	DATE SIGNE	D 3/6/	82
1	-	EXAMINER'S N	NAME The	omas D. Sm	ith, M.D.		DDDESS	ll Pen	nn St.	Balt	o., M	D.	
-	23a.B	IRIAI CREMAT	ION PEMOVALI		23c. NAME OF C		ADDRESS		3d. LOCATION				
		Buria	1	3/10/82	Eastv	iew M	Mem. P	k.	Balti	more	COU	and	STATE
	24 F	UNERAL DIRECT		ADDRESS			25a.	DATE REC'	D. BY REGISTI	RAR 29 REC	GISTRARY	STATE OF THE PERSON NAMED IN	
	N	m. C.	March	F/H 110	1 E. Nor	th Av	re.	MAR 8	3 1982	. 9/20	U		

1101 E. North Ave.

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

C. March F/H

DHMH-16 30M 2/80

(VRA 15, 4)

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

IF UNDER I YEAR

INDUSTRY

Hatchett

YES'

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Co.

22c. DATE SIGNED

2b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

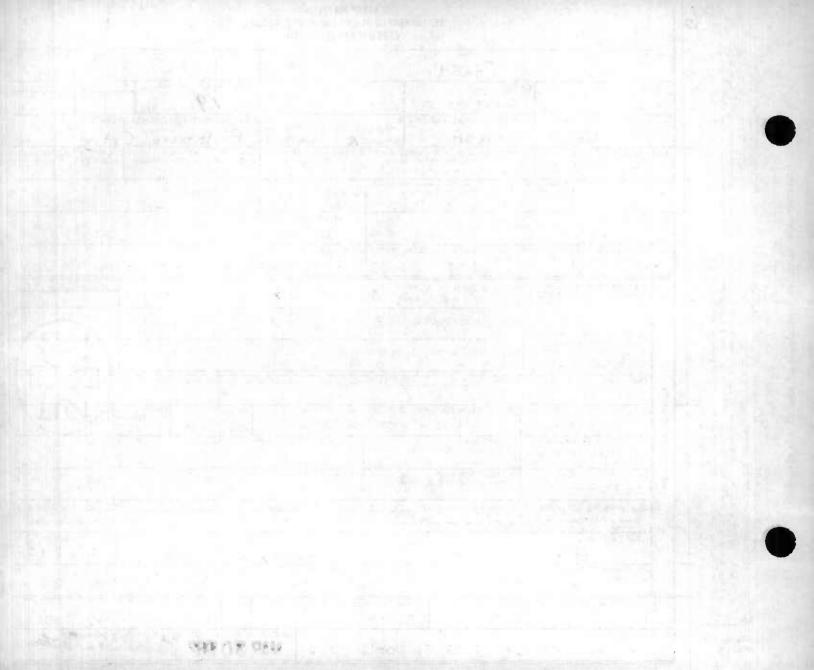
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STATE

STATE

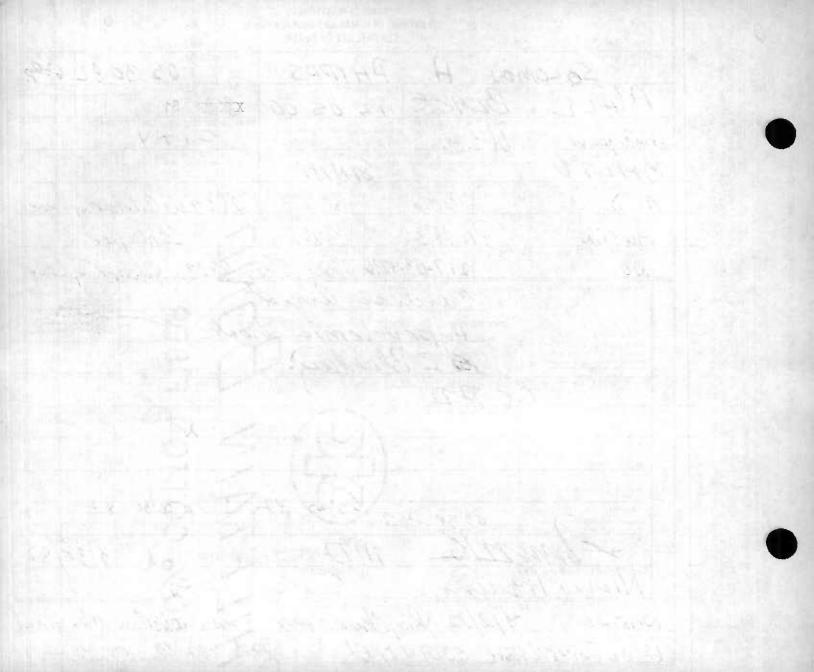
MD

2a. DATE OF DEATH



ATTENDED TO THE PROPERTY OF TH Soundard Son (2) adient his enum of the configuration of the configurati But were something the south was a second to the south of the second to the HE A III IN PARTY OF THE PARTY OF THE LAND Committee of the state of the s the drive and the first the same with a second control of the second control of

2	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF DEATH REG. NO.	6 / 2 3
e o th		SOLOMON A. PHIPPS 20. DATE OF DEATH MONTH DAY SOLOMON A. PHIPPS 03 30	182 62 PM
	3 SE	1 ALE BLACK 12, 05 00 XXXXX 81 YRS.	
	1	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED ON BALTIMORE CITY OR COUNTY OF	MD.
102	1		17b KIND OF BUSINESS OR INDUSTRY
YLAND 2. Thin 24 hours filled 2 should the	130.	FATHER'S NAME 136. COUNTY 137. OR TOWN 136. COUNTY 137. OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 137. OR TOWN 138. STREET ADDRESS 158. MOTHER'S MAIDEN NAME	spring Lane
mak wed w		AUSTIN MIDDLE Phipps MIDDLE Phipps MIDDLE Phipps MIDDLE SMAILEN NAME MIDDLE SCHUY MIDDLE SCHUY ADDRESS ADDRESS ADDRESS	Lee
aLTIMORE, te be execute con and co		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-03-4296 MARY WATERS 2823W. Colds	print Lane
Certificating physical properties of the control of		18 CAUSE OF DEATH (Enter only one cause per limitor (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinal And Cause of Death (Enter only one cause per limitor (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ne death a		Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF EMILE Should	
ires that th gned by th in please rei burial, crem		cause (a), stating the underlying cause lost DUE TO, ORD CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II	IN PART 1
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VITAL RE VITAL PR NN: The lo hysician. Icate has roansit per Hygiene p 18 shaws	CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	
SION OF VITA PHYSICIAN: T ending physici this certificate the buriol-transit d Aental Hygi d or item 18 sh	MEDICAL	HOUR AM MONTH DAY YEAR	
O O O E	W	220-1 certify that (I) (this hospital) attended the defeased from 43 /25 19.85 to 82/30/19	COUNTY STATE
OR ATTEN be hospital DIRECTOR ached for us Dept. of He		sow the deceased alive an analysis of the deceased alive an analysis of the deceased alive and the determinant obove, (1) (we) (did) (did not) view the body affection that	d from the causes stated
RAL det		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	3/30/82
TO HOSPI retoined b TO FUNE should be with the S	23a. I	BURJAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CHMETERY OR CREMATORY 236, LOCATION 1	
DHMH-16 50M 1/81	24 F	SURIAL 4/2/82 King/REAGAL PARK GANGAL STOWN FUNERAL DIRECTOR 250. DATE RECO. BY REGISTRAR 256 REGISTRAR 250. DATE RECO. BY REGISTRAR 256 REGISTRAR 256 REGISTRAR 250. DATE RECO. BY REGISTRAR 256 REGIST	S SIGNATURE
(VRA 15, 4)	K	LEDD+UNERALHAME 5209 YORKKA APR 5 1987 Thame	Jan Martha



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
	I DECEASED NAME FIRST	MI	DDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR 76 HOUR			
	Frank		T. PTCAR	ELLT	March 1, 198	2 6:38PM			
	3 SEX	4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS			
	Male	Whit	e July	v 19. 1919	62 YRS				
1	Jo BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland JO CITY OR TOWN OF DEATH	II S A 11. NAME OF HO	HAT COUNTRY? 8. MARRIE! WIDOWE DSPITAL, NURSING HOME C FACILITY, GIVE STREET ADDRESS! SAMAYITAN HO	OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUN BALTIMORE CITY 120 USUAL OCCUPATION LITPE OF WORK FOR MOST OF WORKING	MD			
1	Baltimore	Good	Samaritan Ho	spital DOA	Maintanience F	ore. Balto. City			
000	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE Maryland 136 COUR Maryland			13d. INSIDE CITY LIMITS?	3403 Orlando A	venue			
	14 FATHER'S NAME Carmine Picarel	MIDDLE 11	LAST	15. MOTHER'S MAIDEN NA Constance		LAST			
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES OF	MED FORCES? 1	66 SOCIAL SECURITY NO. 212-09-5696	Julia Picare	ADDRESS elli 3403 Orland	o Avenue 21234			
	PART 2. OTHER SIGNIFICANT OF THE PROPERTION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		NTRIBUTING TO DEATH BUT		WINAL DISEASE OR CONDITION OF	SIVEN IN PART 110 ·			
)	STIFIC			The state of the s	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
	0.0000000000000000000000000000000000000	111	MONTH DAY YEAR	21c. HOW INJURY OCCUR	8 PART I OR PART 2				
	ON CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK		T FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN COUNTY STATE				
	220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	JAN - 7	ter deoth.	nd that in (my) (our) apinion	death accurred on the date and h				
	- Tausto	P. A4	enny TV	HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3-2-82			
	Fausta Q. Aqu) (8713 Harfor	d Road Baltimo	re, Maryland			
-	23a. BURIAL, CREMATION, REMOVAL		Trac NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-c, maryamia			
	(SPECIFY)	130 0011	Total Control	EMELENI ON CREMATORY	CITY OR TOWN	COUNTY STATE			

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been signed for use as the buriol-transit permit of Health and Mental Hygiene prio marked or Item 18 shaws ony

should be detoched for with the State Dept. of F IMPORTANT: If Item 2 |

etoined by the haspital

24 FUNERAL DIRECTION Funeral Homes, Inc. ADDRESS

March 5,82

Burial

7110 Belair Road Baltimore, Md.

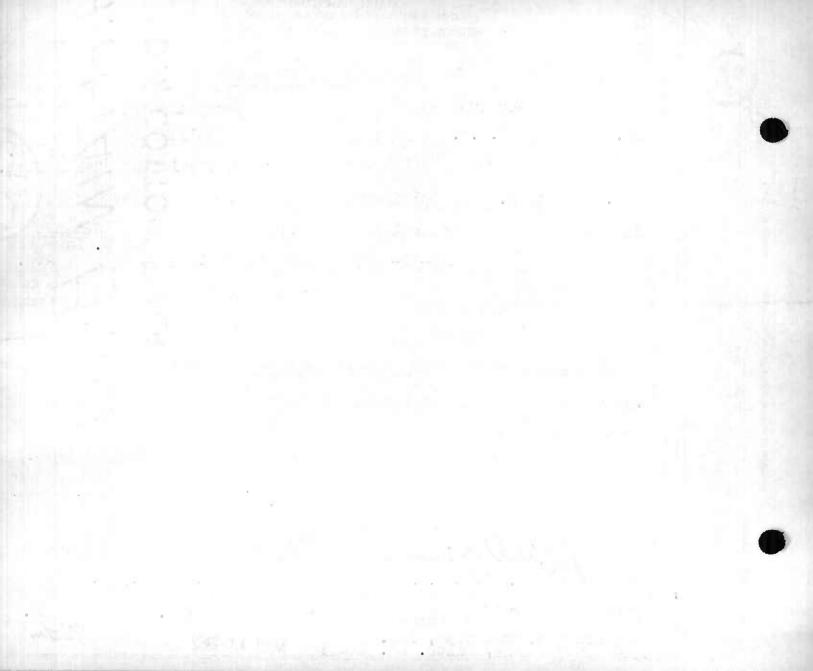
parkwood Cemetery

Baltimore 250. DATE REC D. BY REGISTRAR 256 REGISTRAR MAR

Maryland

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(2000年)	3. SEX	-11	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2	C. DATE	MONTH	DAY	YEAR 24 HOUR
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JEALTIMORE, MD. JRS AFTER DEATH. IF S. GIVE PAGES 1, 2, WITH FORM PM 9. 3, WITH FORM PM 9. 3, WITH FORM PM 9. 3 DIVISION OKATAL		AS DECEASE S, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORMANT					kewood
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R ALLIN SHA	7	Canditio	ns, if any, which		K AS A COI	43EQUEIACE	Or					1	
	-		se to immediate) stating the under-		RASACOR	NSEQUENCE	OF						
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A PER BER	301	death resul	ted fram: Natu	ral causes,	Accident		vicide L	, Hamicide 🔲	Undete	rmined manner	_].		
CAL EXA THE CER SHOUID ERAL DIR EATH, WI		ACTUAL	Λ_{Λ}	11 000	S			TITLE (SPECIFY)	nt		DATE	3-	13-82
SE STATE		SIGNATURE	IXV	www	~		^	.D. /\331314	MED!	CALEXAMINER	SIGN	ED	12 02
WE TEN A TEN		EXAMINER'S	NAME An	n M. Dixe	n, M.	D.		ADDRESS 111	Penn	St., Bal	.to., M	d. 21	1201
TO MEDICAL EXAMI EXECUTE THE CRETIF PAGE A SHOULD BE AFTER DEATH, WITH BALTIMORE, MARYE	23a.B	JRIAL CREMA	TION REMOVAL					R CREMATORY	23d. LO	CATION		JNIY	STATE
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DHMH-17	24. Ft	INERAL DIRE	CTOR Nunek Fi	uneral	Iome.	Inc.		25a. DAT	E REC'D. BY	1082	REGISTRARS	SIGNAPLE	Then
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN DATE 2b. HOUR Pineau (TYPE OR PRINT) Arthur ESTI-L. DEATH MATED 19 82 18 1 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19 82 Nov. 5,1922 DEAD 18 59 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED [DIVORCED Massachusetts CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Good Samaritan Hospital FOR MOST OF WORKING LIFE) Baitimore Self-Employed Merchant ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY Baltimore Maryland Towson 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1138 Green Acre Road NO A 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDER Pineau Minnie Leonard Kenneth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT ADDRESS DIVISION IYES, NO, OR UNKNOWNI (IF YES GIVE WAR OR DATES) WW TT 023-14-1199 Dr. A. Leonard Pineau Glyndon, Maryland Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Atherosclerotic Cardiovascular disease Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E 3 SHOULD CE DEPARTMENT OF HE 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21g EXTERNAL CALISE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CATE, WRITING THE W FORWARDED TO THE OR: PAGE 3 SHOULD I HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PYAFTER DEATH, WITH THE SIT BALLIMORE, MARYLAND, 2 228 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined monner Natural couses Suicide TITLE (SPECIFY) 3/19/82 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE III Penn St. Baltimore, Md. 21201 EXAMINER'S NAME Margarita A. Korell, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Cockeysville, Balto. Burail March 22,1982 Dulaney Valley Cem. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1050 York Road **DHMH-17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5)

15M 2/80

...c ing one beyond and 0.00 5.3/2 0.5 -ECEPTICAL EXCELLIPERATE AND ADMINISTRATION OF THE PERSON O 100 m/s sed not not the Property of Property and Pro الاستان الشهروب والمرافية المرافية المر MAN was a series one, i.e. Manager, and a series of the se

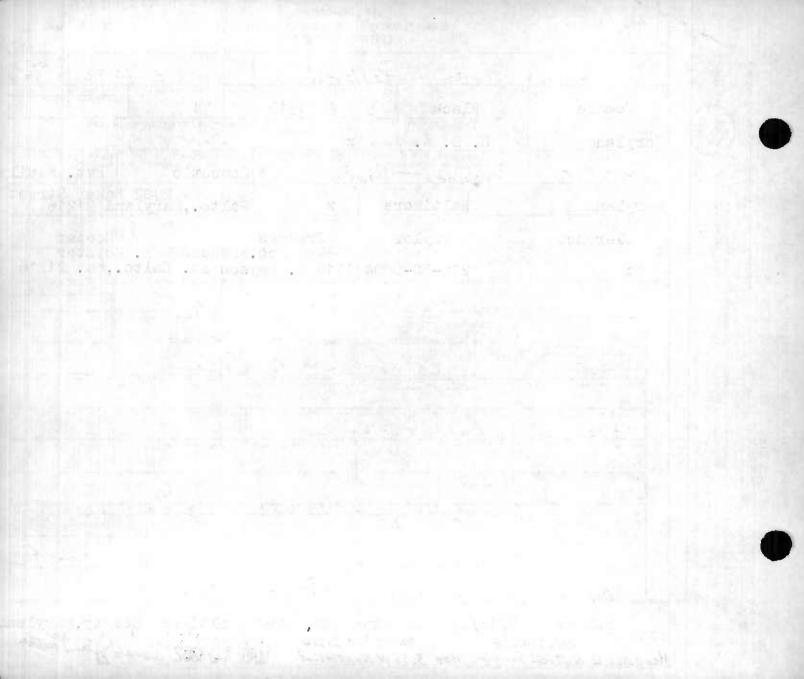
ALTERNATION OF THE PROPERTY OF THE PARTY OF a daile a-et . a tus TALTER LINE DISCLOSURE DESCRIPTION

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR LTYPE OR PRINTS P. Hinger 01 0 JO466 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX YEAR 3 MONTH DAY Female Carc 50 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 30lfinore WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IA CITY OR TOWN OF DEATH 13b. COUNTY 13CACITY OR TOWN 13d INSIDE CHYLIMITS? 13e. STREET ADDRESS Mary Imp Halto YES TO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 166 SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) Arthur Pittinger 3124 Remington Ave. 213-28-8308 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY Cardio pulminan IMMEDIATE CAUSE (a) Direct & acute MIT, Wen DUE TO, OR AS A CONSEQUENCE OF Coroman Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF FORTIC S KENOS IS underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH loto (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from. F2, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated sow the deceased alive an above, (1)(we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED 45 ATTENDING MEDICAL STAFF PHYSICIAN T DIRECTOR PHYSICIAN should be det with the Stote IMPORTANT: 224 PHYSICIAN'S NAME INTEGRAPHINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore COUNTY Md. (SPECIFY) Mar. 20.1982 Lakeview Mem. Gdns Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 A.Alan Seitz, Jr. Funeral Home 3818 Roland Ave (VRA 15, 4)

. 3 A. Aller Seits, Jr. - une val Folke 2816 Folked ve.

The Committee of the Co

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and Mental Hygiene priar

this certificate

FUNERAL DIRECTOR

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ı	1 DECEASED NAME	FIRST	/	MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
	TITLE ON PRINTI	Cor	ien			Pope		3-30-82		1:42B		
ı	3. SEX		4. RACE		5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	Female		Bla	ck	2	20	1 1	71 _{YRS}	MONTHS DATS	HOURS MIN.		
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	14 FATHER'S NAME FIRST	,	MIDDLE	LAST		15 MOTHER	S MAIDEN NA	WE	LAS	1		
ĺ	160 WAS DECEASED EVER I			16b. SOCIAL SECU	RITY NO.	17 INFORMA	INT	ADDRESS				
	(YES NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	N/A		Raymo	nd Po	pe 5102 Lodest	one Wa	ay		
1	18 CAUSE OF DEATH			line for (a), (b), and	d (c).)					MATE INTERVAL		
١	PART I. DEATH WA	MMEDIAT	E CAUSE (a)	cardo	oum	onew	1 0	ne 51	m	nutes		
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DEGREE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

MEDICAL

DHMH - 16 50M 1/B1

24 FUNERAL DIRECTOR (VRA 15, 4)

230 BURIAL, CREMATION.

|SPECIFY| Burial

1101 E. North Ave. March F/H

4/3/82

23b. DATE

Baltimore Eastview Mem. Pk. 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATUR

22c. DATE SIGNED

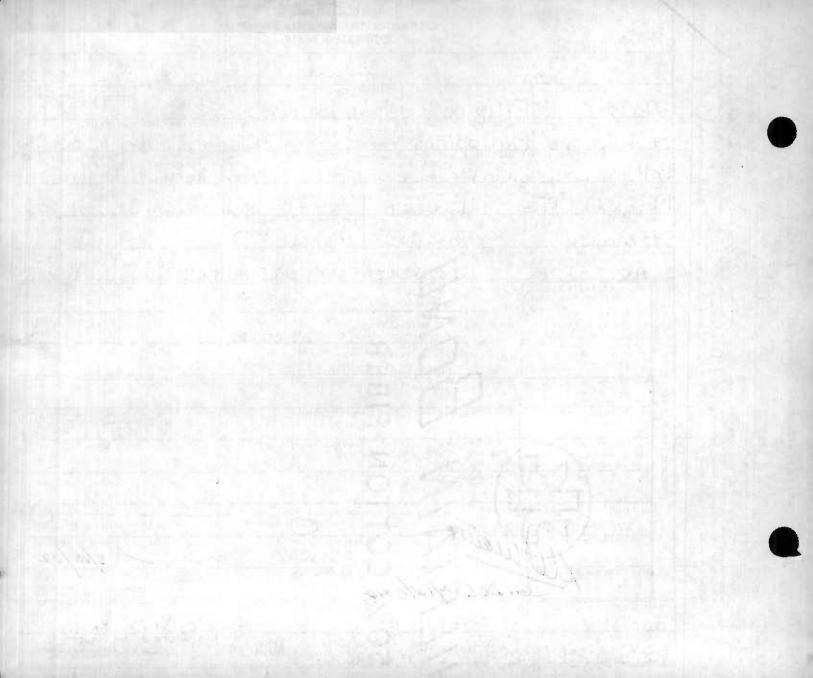
MD

STAFF

DIRECTOR PHYSICIAM

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10	1	STATE REGISTRAR		DEPAR	CERTIFICATE OF DEATH	REG. N	0	
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8 V		CORPRINT	MELITO	N P.	POSADAS	MARCH	10, 198	82 10:5
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11 15	7 3	iltimore	Chu	irch & Hom	ne Hospital	Food Ser	vice !	Restaurar
De De	-	STATE	ISD COUNTY	134 CITY OR TO		? 13e STREET ADDRESS		
5	211	aryland	P.G.	Laur		1102 Sha	ron Ct.	Apt 20%
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die		WAS DECEASED EVER	R IN U.S. ARMED FOR			ADDRI	345. P	aula St.
d		No		212-92	-4044 Rosalinda	P. Shittlett	Laure	I. Md. 207
15		18 CAUSE OF DEA	TH (Enter anly one car	use per line far (a), (b), a	nd (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
00.00	13	PARTI. DEATH V	WAS CAUSED BY: IMMEDIATE CAUSE	(a) HEPAT	TC COMA			
ale ale	18	5713	DUE	TO, OR AS A CONSEQU	IENCE OF			
9 9		Conditions, if any	y, which		IC ACTIVE HEPAT	TITIS		
11		gave rise to im		TO, OR AS A CONSEQU	IENCE OF			
10		underlying cous	e last.		L_CIRRHOSIS			
o burni juny, o	z	PART 2 OTHER SIG	NIFICANT CONDITIO		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)
1 2 4	CERTIFICATION	90 DATE OF OPERA	ATION 19b (CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20h IF YES WEI	RE FINDINGS USED
1 1	18	E. 125					IN CERTIFYING	CAUSES OF DEATH?
3+	- 23	21a. ACCIDENT WAS UN	DERLYING 216. 1	TIME OF INJURY	21c. HOW INJURY OCC	VES NO URRED (ENTER NATURE OF INJU	YES TEM IN PART I C	NO DR PART 21
19	17.0	OR CONTRIBUTING	CHOSE OF DEATH	UR A.M. MONTH	DAY YEAR	12.12.11.11.11.11.11.11.11.11.11.11.11.1		
1/	MEDICAL	(IF EITHER NOTIFY MED 21d. INJURY OCCUR		P.M.	19 211. LOCATION			
7	E	WHILE IN NOT W	HILE T	OME STREET, FACTORY, OFFICE,		CITY OR TO	WN C	OUNTY STATE
W		22s.1 certify that ()	100000	ded the deceased from		P.2. to MARC	TH 10.0	82
E #		saw the deser	CHIEF CONTRACTOR AND ADDRESS OF THE PARTY OF	PCHAD. 19	ON ANUARI ZO	on death occurred an the de	7	tion the source of
a E		22h SHONANIA	did (de nor view)the	body of the cith.	DEGREE			THE DATE SIGNED
#		200 - 200 1200	100010	lau	ATTENDING		F _ /	-/2/20-1
3-	+	224 PHYSICIAN'S N	11111	2 227 1/01		DIRECTOR PHYSIC		3/10/82
1 %			MIL	G DEL MON		RCH HOSPIT		
TWP ORT	-		19.	DEL MON		BROADWAY, B	ALTIMO	RE, MD 21
	230.	BURIAL, CREMATION	REMOVAL 236. DA	TE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COU	INTY STATE
	L	urial/	13/	11/82 14	ollyllary	Hogeles	City	Philippic
1 1/81	24 F	UNERAL DIRECTOR	1 -	1 1/2 400013	250 0	ATE REC'D. BY REGISTRAR	250 EGISTRARS	SIGNATURE



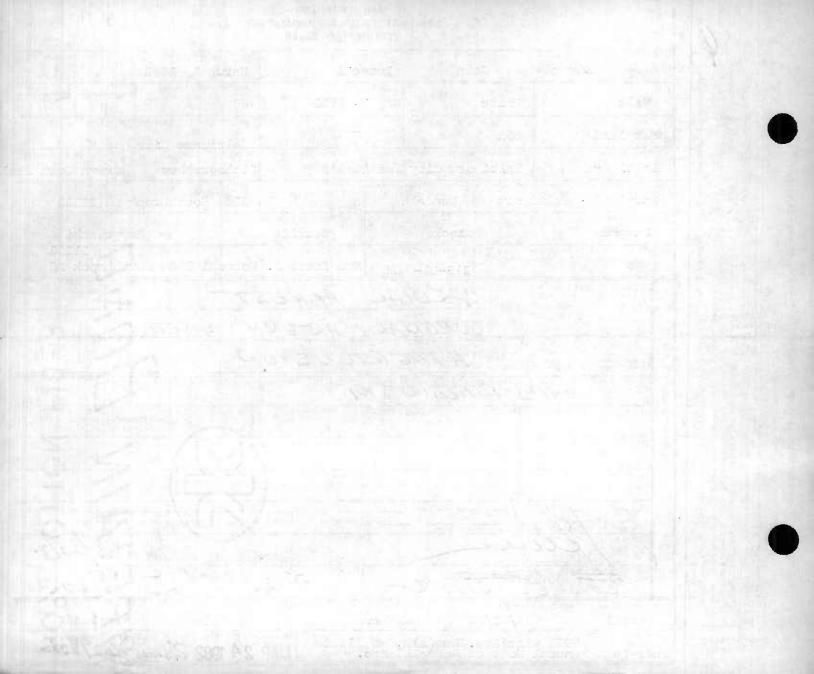
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF

CERTIFICATE OF DEATH

REG. NO

- STATE

REGISTRAR



1	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		2 0	6 /	4
		CEASED NAME FIRST	M	IDDLE		NST .	20. DATE OF DE	REG. NO.	DAY YEAR	2b HOUR
	(TYPE	Glen		c 7	owe.	11	March	5198	2	2:18AM
	3 SEX		4 RACE		5. DATE O	F BIRTH YEAR	6 AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
S	_	nale	Black		6	14 1914	68	YRS		
Ŋ		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?		NEVER MARRIED	0	CITY <u>OR</u> COUNTY	1	-
J	10 CI	TYORTOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	WIDOWE IG HOME O	DIVORCED A	120 USUAL OCC	TIMOVE EUPATION		OF BUSINESS OR
3	B	altimove		Balt w	- (ieneral Hosp	i.e.	MOST OF WORKING LIF	EI INDUSTRY	nound
	_	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.		ADMISSION)	136 INSIDE CHYLIMITS?	13e STREET ADD		1 224	VY COO VY CY
5		ND Ba	(+i mon	2	we.	YES NO	14016		as Av	12_
-	4 FA	THER'S NAME	- STOCK	LAST		15. MOTHER'S MAIDEN N		IDDLE	LAS	ST
	IÁn W	AS DECEASED EVER IN U.S. AR	MED EORCES?	16b. SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS	Lido	Y
2	(Y	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218 05	1886	Pauline Po	well 20	00 Odel	l Ave	
		18 CAUSE OF DEATH (Enter on	ly ane cause per						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I DEATH WAS CAUSE IMMEDIAT	D BY E CAUSE (0)	Asyst	ole					
	9	1579	DUE TO, OR	AS A CONSEQUE	NCE OF					
		Conditions, if any, which gave rise to immediate	(b)	Acid	2160					
		cause (a), stating the underlying cause last	DUE TO, OR	Renal		iche				
		PART 2. OTHER SIGNIFICANT O	CONDITIONS CO				MINAL DISEASE O	R CONDITION GIV	EN IN PART 10	al
	NOI	Intrachd	omin.	d Bleed		. Vival t	tepatit	is Tru	BRA	
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI			WAS PERFORMED	200 AUTOPS	IN CERTIF	, WERE FINDI	OF DEATH?
/	ERTI	March 2, 1982	21b. TIME OF		ble.	216. HOW INJURY OCCU	-	OF INJURY IN ITEM 18, P		NO 🗆
1		OR CONTRIBUTING CAUSE OF DEA	1 110110 4 4	M. MONTH DA	AY YEAR					
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE C			211 LOCATION	CIT	Y OR TOWN	COUNTY	STATE
	×	MHILE NOT WHILE AT WORK								917112
		22a 1 certify that (1) this haspi saw the sleceased alive on	tal) attended the	deceosed from_	Mars	d that in (my) (our) opinion	. 10	aveh 5	19 62,	that (I) we) lost
		obove (I) (we) (did) (did no	t) view the body	atter death.	100000	DEGREE	acom occorred of	The dote ond noo	22¢. DATE	
		m. l. 2 0 2	8 2	lin h	(R	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN D	- 3/5	182
0		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		- Constitution	220. ADDRESS			1 - 3	
		Wicharl	1000	Rich	· MO	2001 S.	Hahai	Lev Pr	14:40	Taras

000

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial
24 FUNERAL DIRECTOR
Chas. A Rice FSPA 1300 Eutaw Pl.

3/10/82

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Mt. Auburn

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OR TOWN
Westport

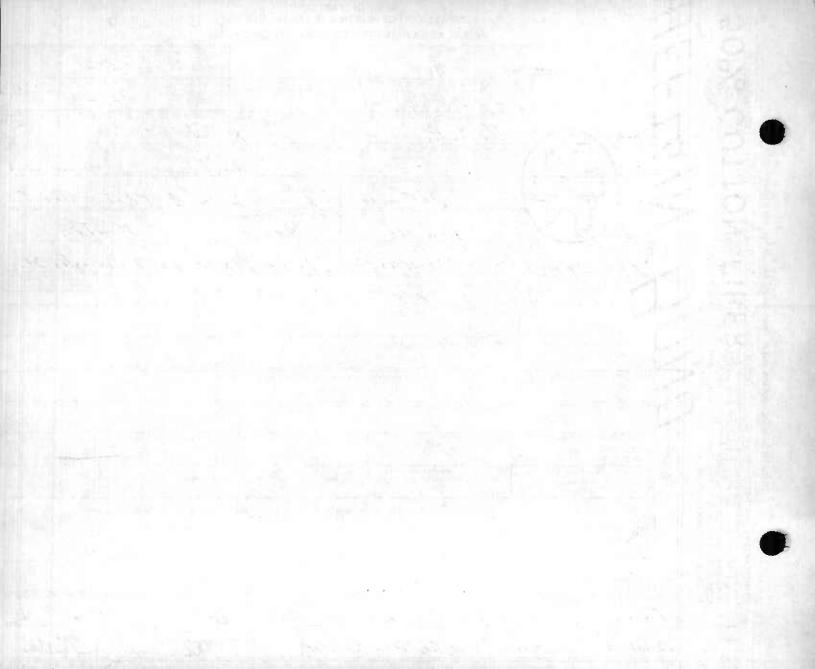
COUNTY

STATE

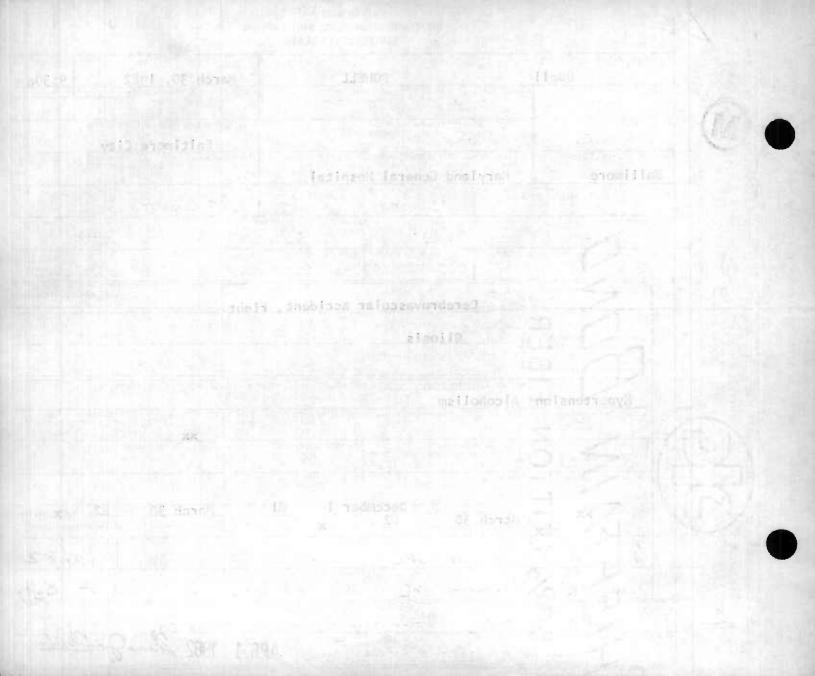
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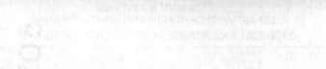
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-829 M DAY YEAR 11-51-5-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1-5
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9 & £		CEASED NAME OR PRINT)	FIRST	N	AIDDLE		AST		20 DATE OF DEATH		YEAR 2b	HOUR
d booge	3. SE:		Odell	4. RACE		POW 5 DATE C			March 30		ER I YEAR IF	9:30a M
	3. SE.	Male	-5-E	Bla		M31TH	3º1′	3'2 ^R	49	MONTHS YRS.	DAYS HO	OURS MIN.
1000		RTHPLACE (STATE OR FO	OREIGN .		WHAT COUNTRY?	MARRIE!	D NEVER A	MARRIED T	Baltimorecity o	RCOUNTY OF DI		MD.
by the filled with	В	TY OR TOWN OF DEA		Mary	HOSPITAL, NURSIN H FACILITY, GIVE STREET Land Gene	ral H	R OTHER INST	TITUTION	12a USUAL OCCUPATI	ON 12b.		USINESS OR
AND 215	130. 5	AL RESIDENCE (IF NURSI STATE MD	NG HOME OR I	OTHER INSTITUTION	Give RESIDENCE BEFORE 13c CITY OR TOW Baltimo	ore	13d INSIDE C	-	3802 Co	borne I	Rđ.	
MARYL, MARYL, ad withing and 2 sl	14. F.A	William	Â	Henry	Powell			s maiden nam Tlie	Lou	L	ofton	1
d con d con less 1	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDRE			2 5 1
IMORE, in ond con Poges in medicol		NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	240-69	-0639	Will	iam He	enry Powel	.1 3802	Colb	orne
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. The low requires that the oftending physician and completely filled in boos the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. The control of the medical experiment must be an account of the medical experiment must be accounted to the medical experiment must be accounted to the medical experiment.	CERTIFICATION	Conditions, if ony, gove rise to imm cause (0), stating underlying cause	which nediate g the last.	DUE TO, OF (b)		ENCE OF	not related	TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WER	E FINDINGS	SUSED
TAL REC	TIFIC								YES NOW	IN CERTIFYING		DEATH?
SION OF VITA PHYSICIAN: TI ending physici this certificate the buriol-tronsi and Merital Hygi d or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	181	M. MONTH DA M.	AY YEAR	21c HOW IN		ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OF	PART 2)	
DIVISIC DING PH or offen this se as the k soith and i	ME	WHILE NOT WH	ILE 🗍		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	wn co	YIAUC	STATE
ATTENDI spital or CTOR: A for use		220.1 certify thomes sow the decease above, M (we) (d	(this hospit d olive on id) (XX)61	March t) view the body	deceased from _ 3019 atter death.		d that in (mg)	(our) opinion o	, to March death occurred on the de		rom the cou	ises stoted
HOSPITAL OR A uned by the hos FUNERAL DIRECtuld be detoched hithe Stote Dept.		220 BIGNATURE	ME (TYPE OF	Tollyn	one M	D	PEGREE A	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	Fra	3/30/	182
TO HOSPITAL retoined by the should be det with the Stote		Maura	C, D	ollym			UNIV	md. t		S. Greeve	St.	Butto
10 M		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR		23d. LOCATION CITY OR TOWN	3 to CON	4TY	STATE
648BP	24 54	Buria UNERAL DIRECTOR	1	4/3/8	2 B	easle	ey Cen	netery	Jones O	2	EICNI OF	V.C.
DHMH - 16 50M 1/B1 (VRA 15, 4)	Z9 F1	Wm. C. M	arch	F/H	1101 E.	Nor	th Ave	I A D	R 1 1982	Theme of	I NAVOR	3 Clan



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	28. After this certificate has been signed by the attending physician and completely filled in by the function	E	,
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REGISTRAR

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

PREVOST

DATE OF BIRTH

MONTH

20 DATE OF DEATH MONTH 26 HOUR 03 10 82 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 77 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH

04 WHITE 10 27 Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A.

WIDOWED DIVORCED

BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

AUTO PAINTER

12h, KIND OF BUSINESS OR INDUSTRY AUTOMOBILE

A.D. ANDERSON

BALTIMORE 507 BRUNSWICK STREET USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN MARYLAND

MIDDLE

LIF YES, GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)

4 RACE

BALTIMORE

PREVOST

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? YES 😾 NO [

LOUISA

13e STREET ADDRESS 507 BRUNSWICK STREET, 21223

15. MOTHER'S MAIDEN NAME

ADDRESS

COLEMAN

16b SOCIAL SECURITY NO 17 INFORMANT 220-07-8596

MARY M. HARRYMAN 507 BRUNSWICK ST. 21223 ABCV Devala

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME STREET, FACTORY, OFFICE, FARM ETC)

20a AUTOPSY?

190 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying couse lost.

- STATE

TYPE OR PRINTS

SEX

DECEASED NAME

MALE

COLINTRY MARYLAND

14 FATHER'S NAME

NO

LYES. NO OR UNKNOWN

BIRTHPLACE (STATE OF FOREIGN

ALPHONSE

16n WAS DECEASED EVER IN U.S. ARMED FORCES?

IB CITY OR TOWN OF DEATH

EIRST

ALPHONSE

210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR PM

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22a. I certify that (1) (this haspital) attended the deceased from, sow the deceased olive on obave I we (did) (and not) view the bady after death 22h SIGNATURE

and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated DEGREE

21f LOCATION

22e ADDRESS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

RAYMOND D. BAHR. M.D.

WILKENS & PINE HEIGHTS AVENUES, 21229 23c. NAME OF CEMETERY OR CREMATORY

BALTIMORE CITY

MARYLAND

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

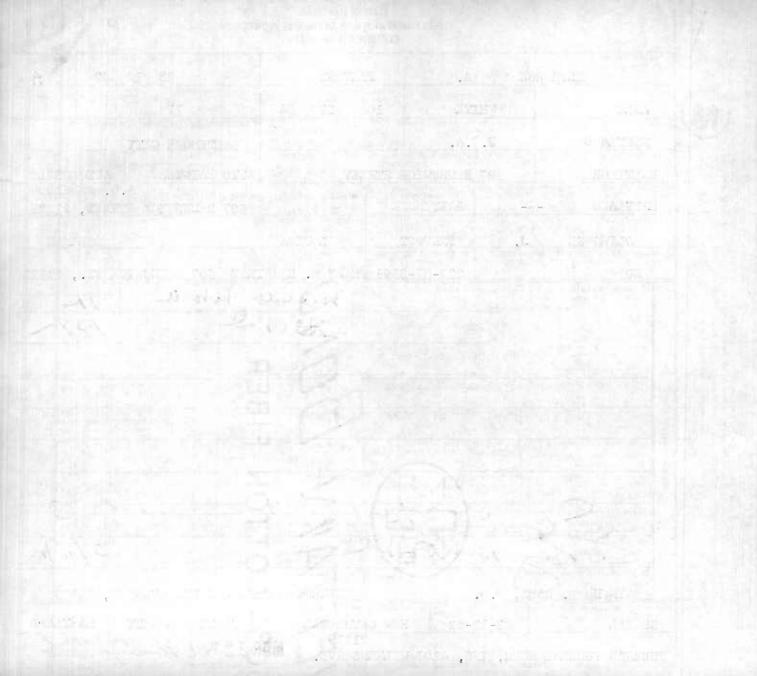
DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL (

22d. PHYSICIAN'S NAME LAPEORPRI

230 BURIAL CREMATION, REMOVAL 23b. DATE BURIAL 03-13-82

NEW CATHEDRAL 21229



FOR DEPARTMENT OF HEALT:
REGISTRAR CERTIFICAT

WALTER BROOKS BRADLEY INC., DUNDALK MD.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

ATH REG. NO.

2 06/46

	DECEASED NAME HARRY	BENJAMIN	PK	PRICE	20 DATE OF DEATH MONTH	17- 82 1042-P			
1	3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
1	MALE	WHITE	172	8/1928 YEAR	54 YRS.	MONTHS DAYS HOURS MIN.			
1	OUNTRY MARYLAND	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIEI WIDOWE	XX NEVER MARRIED	P BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.				
1	BALTIMORE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, BALTIMOR)		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ACCOUNTING	12b. KIND OF BUSINESS OR			
5	ISUAL RESIDENCE (IF NURSIN DOE OR 130. STATE MARYLAND BAI	OTHER INSTITUTION GIVE RESIDE ITY TO . 130 CITY DUNI	OR TOWN DALK	138 INSIDECITY LIMITS?	3 MIDSHIP ROAD	21222			
	HARRY SHE	RWOOD P	RÎCE	15. MOTHER'S MAIDEN NAM SALLY	ME	COX			
2	60 WAS DECEASED EVER IN U.S. AR	WAR OR DATES	. 24.6111	ANN L. PRICE	ADDRESS (WI_FE) SAME	AS 13e			
	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CO	DNSEQUENCE OF			IVEN IN PART ITO ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE TITMER NOT IFFY MEDICAL EXAMINER WHILE NOT WHILE AT WORK AT WORK	TH HOUR A.M. MOI	19 Y	21¢ HOW INJURY OCCURR 21¢ LOCATION STREET		YES NO NO			
	27a. I certify that (1) (the based sow the deceased alive on above, (1) (v = (did) (dd) (dd) (dd) (dd) (dd) (dd) (dd	ot) ottended the decease 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	19 52 on	DEGREE ATTENDING	death occurred on the date and he	our and from the couses stated 22c DATE SIGNED 3 18/82			
1	JEFFREY C	CURTIS		4940 E1558	EEN AVENUE				
	230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				

21222

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene p

morked or frem 18 shows

IMPORTANT: If Item 21 is

Burger Walter Auto San Miles Parker Parker Miles Company

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3 0 AM 4 RACE IF UNDER 24 HRS 3 SEX WHITE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 90 XXXXXXXXX To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) JEWELRY CO. SALESMAN LEVINDALE HEBREW APT. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 905 130 STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 6210 PARK HTS. AVE. MARYLAND BALTIMORE YES XX #21215 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE PRICE SHEVITZ ROSE WILLIAM DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO MRS. ANNA PRICE 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-07-0022 6210 PARK HTS, AVE., APT, 905 #21215 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? å NOF YES [NO F ental Hygi 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH A (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 MEDIC 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 2 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did) (did not) view the bo 175 SIGNATUR DEGREE 22c. DATE SIGNED -ATTENDING be deto DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 220 ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT ihe she shou 230 BURIAL, CREMATION, REMOVAL BURIAL MAR. 7,1982 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BETH JACOB FINKSBURG CARROLL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/76 (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO.

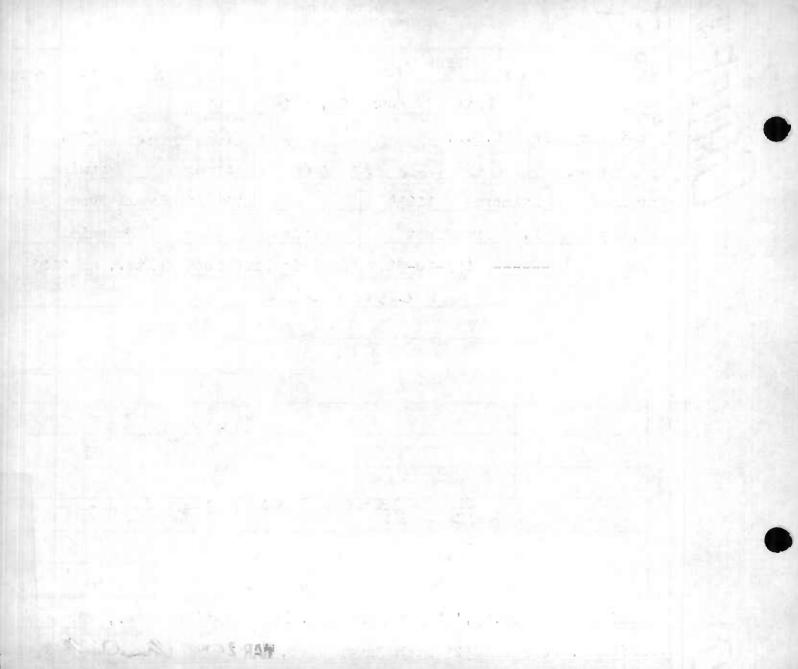
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		1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B Z	0 6 7 4 3
m 5			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	100		Thomas	T. J.	PRICE	March 15, 1982	2:20p M
e 4 mo		3. SE	M	WHITE	MAY 29, 1901	6. AGE (IN YEARS LAST BIRTHDAY) ON YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
725	25		MD.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City OR COUN	
(M)	8/10		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVE STREET HARY LAND	NG HOME OR OTHER INSTITUTION ADDRESS! Hospital	120 USUAL OCCUPATION (TYPE OF YORK EQUIPMENT OF WORKING	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
No. of Street, or other Persons and Street, o	3	USU.	AL RESIDENCE (IF NURSING HOME OR OTH- TATE MD. HOWA	PER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS	CEFE COURT
ed within	SC C	14 FA	THER MANE MIDI	PRICE	15. MOTHER'S MAIDEN NA	AME MIDDLE	METUTIKE
n and co	medicol 2		VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECULAR OR DATES) 2/7-20	-9816 THOMAS R.	PRICE 14742 K	TUSTIN CALF
physicio	event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y. Bronchor	oneumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer trending ve corbo	oumofic e		1629 Conditions, if any, which		ence of the Lung with	metastasis	
by the a	other tro		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU			
equires the signed. Then pleat to burio	njury, or	NO	PART 2 OTHER SIGNIFICANT CON		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0
he law re an. has beer permit. ene prior	ows ony	CERTIFICATION	19a. DATE OF OPERATION	. 19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	Item 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJURY IN HEM 18	
PHY endi	morked or Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	19 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDING ortal or off TOR: After for use as the	21 is mor		220.1 certify that (**) (this hospital) saw the deceased alive on above, (**) (we) (did) (**) (**)		20	82, to March 15 death occurred on the date and he	, 19, that ox (we) lost
OR AT e hosp DIREC	E		22b. SIGNATURE	ew the body after death	DEGREE		22c. DATE SIGNED
by the	±		22d. PHYSICIAN'S NAME STYPE OR PRI	thing Jan	M D ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/15/82
to HOSPITAL etoined by the TO FUNERAL should be detr with the State	MPORTANT: #		Anthony Tan,	, M.D.	c/o Marylar	nd General Hospi	tal
BP			BUKIAC .	3-24-82 D	NAME OF CEMETERY OR CREMATORY RUID LIDGE CEN	7. 23d LOCATION CITY OR TOWN	ALTO. MD
DHMH - 16 50M 1/ (VRA 15, 4)	В1	24 FL	ARLEY F.H.	6601 FREDI	ERICH AVE . MI	TE REC'D. BY REGISTRAR 25b. REGISTRAR 23 1982	STRAR'S SIGNATURE

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18	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF I	E OF MARYLAND LEALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	06	149
60 ge 3		CEASED NAME CHA	RLES	BUFORD		OUDFOOT		MONTH DAY YEAR	2 PI WAM
ge 4 mo)	3. SE	Male	1	White	June	19 ^A , 19 ^A	6 AGE (IN YEARS LAST BIRT		
Coff. Soft	00	RTHPLACE (STATE OR FOREIG DUNTRY) est Virgir		J.S.A.	? 8 MARRIE WIDOWI	DXX NEVER MARRIED	9 BALTIMORE CITY O	-	ty, MD.
by the filed w	12	atinge.	(IFN	ME OF HOSPITAL, NURS OF IN SUCH FACILITY, GIVE STREE	T ADDRESS)	to Hosp.	120 USUAL OCCUPATION OF Farmer	F WORKING LIFE) INDUS	nd of Business or Try ming
AND 21:	Ma		Saltim	ore 130. CITY OR TO	DRE ADMISSION)	136 INSIDE CITY LIMITS?		kwell Ro	ad
ompletely on Some		THER'S NAME FIRST Andy	L.	Proudfoot		Is mother's maiden na Lula	WIOOFE	McDan	ı i el
be exected on ond of rs. Pages	()	VAS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	J.S. ARMED FO YES, GIVE WAR OR D			Virginia P	roudfoot E	Balto., M	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D NG PHYSICLIAN: The low requires that the death certificate be executed within 24 hours after this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.		Conditions, if ony, wh gove rise to immediate to install underlying couse to	CAUSED BY. AEDIATE CAUS DUI sich ote the ost.	E TO, OR AS A CONSEOU (b) E TO, OR AS A CONSEOU (c)	UENCE OF	Alcohol Li ASCVP	iver Disea	ase	PPOXIMATE INTERVAL VEEN ONSET AND DEATH
The low require cion. The low require six permit Then giene prior to but hows only injury.	CERTIFICATION	190 DATE OF OPERATION	Л 19Ь.	CONDITION FOR WHIC			200 AUTOPSY? YES ☑ NO□	206 IF YES, WERE FIT IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
IVISION OF VIII OF PHYSICIAN: ottending physic ter this certificat is the buriol-fron ond Mental Hy, ked or hem 8 s	MEDICAL CE	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSILIER EITHER, NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE AT WORK AT WORK	E OF DEATH HO AMINER) 21e	TIME OF INJURY DUR A.M. MONTH [P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
to RATTENDI the hospital or to DiRECTOR: a tacked for use e Dept. of Heal		22a. I certify that (I) (this saw the deceased a obove, (I) (we) (did) (22b. SIGNATURE	live on	2-77- 10	0	nd that in (my) (our) opinion DEGREE ATTENDING	← MEDICAL STAF	22c. D	, that (I) (we) lost in the couses stated DATE SIGNED
TO HOSPITA reformed by TO FUNERAl should be de with the Stot IMPORTANT.		220. PHYSICIAN'S NAME	CHE			22e ADDRESS Baltimo	DIRECTOR PHYSIC	1 to spito	~ (
000 BP	(5	urial, cremation, rem Burial	Mar Mar			emetery or crematory and Mem. Par			
DHMH - 16 60M 1/75 (VR A 15 (4))		NERAL DIRECTOR	Tohngo	A 8521 T.O.	h Do		TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	Martin



34	1.	FOR - STATE REGISTRAR	DEPART	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 2	0 6	/ 5 0
		CEASED NAME FIRST	WIDDLE		AST		MONTH DAY YEA	26 HOUR
1 1 1		Edna	0.	Pro	venza		3/3/8	2 1:25Am
	3. SE	X	4. RACE	S. DATE	OF BIRTH	6. AGE TIN YEARS LAST BIR	THDAY) IF UNDER 1 Y	FAR IF UNDER 24 HRS
ge 4	F	emale	White	MONTE 9	/ 1 / YEAR	61	YRS MONTHS D.	AYS HOURS MIN.
Podir.	1 a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D S NEVER MARRIED	9. BALTIMORE CITY O		н
in 72		Md.	U.S.A.	WIDOW	- dh	Baltimore		MD.
by the furiled within		altimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET St. Agnes		DR OTHER INSTITUTION	120 USUAL OCCUPATION	F WORKING LIFE) INDUS	ID OF BUSINESS OR TRY
our in b	USU	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		Insurance	e-Sales I	ady
filled hould be hould	Ma:	ryland 136 COUR	NTY 136 CITY OR TOW Baltimos	/N	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	5103 Balt	Natl Pike	V Is
d with nd 2 s	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		ŁAST
P E 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		John	T. Stringer		Edna	0.	Tho	ompson
Poges			VE WAR OR DATES)		17. INFORMANT5101	Balto. ADN	at'l. Pik	
rs. P		No	nly one couse per line for (a), (b) are ED BY:		Anne L. Prov	renza	21229	PROXIMATE INTERVAL EEN ONSET AND DEATH
equires that the death is gined by the attendi Then please remove coi to burial, cremotion, o injury, or other troumot	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	SPANCSE USIONS IN NOT RELATED TO THE TERM	Live	etastatic DITION GIVEN IN PAR	T 1(o)
os beer sermit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED SES OF DEATH?
hysicion hysicion ronsit p Hygier 18 show	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121- UOW INTURY OCCUPA	YES NO	YES 🗌	NO 🗆
certifico rriol-troi entol Hy them 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART I OR PART	2)
ter this so the bu h and M riked or	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
IRECTOR: A hed for use ept. of Heoli them 21 is mo		sow the deceased alive on	ot) view the body ofter death		nd that in (my) (our) opinion of	death occurred on the do		that (I) (we) lost the couses stated ATE SIGNED
ERAL D ERAL D Stote D ANT: If		226 PHYSICIAN'S NAME (TYPE O	San	wa	M-DITENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FIAN A 3	13/82
retoined by TO FUNERA should be de with the Stot		AM	AR W. SAR	WAL	, ,	red, St. A	gues Hos	1. Balti
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	THE RESERVE OF THE PARTY OF THE		ew Mem. Pk.	23d. LOCATION CITY OR TOWN	Ba.1 to	STATE Md
H-16 30M 2/80 VRA 15, 4)	24 FL	ineral director Truman Schwa	ETET T	alto		REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	1774

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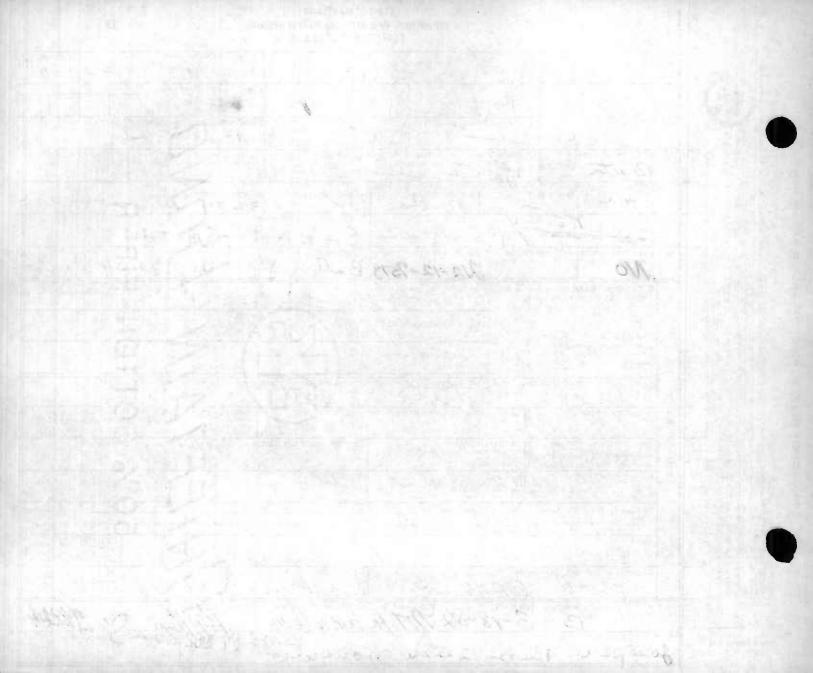
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

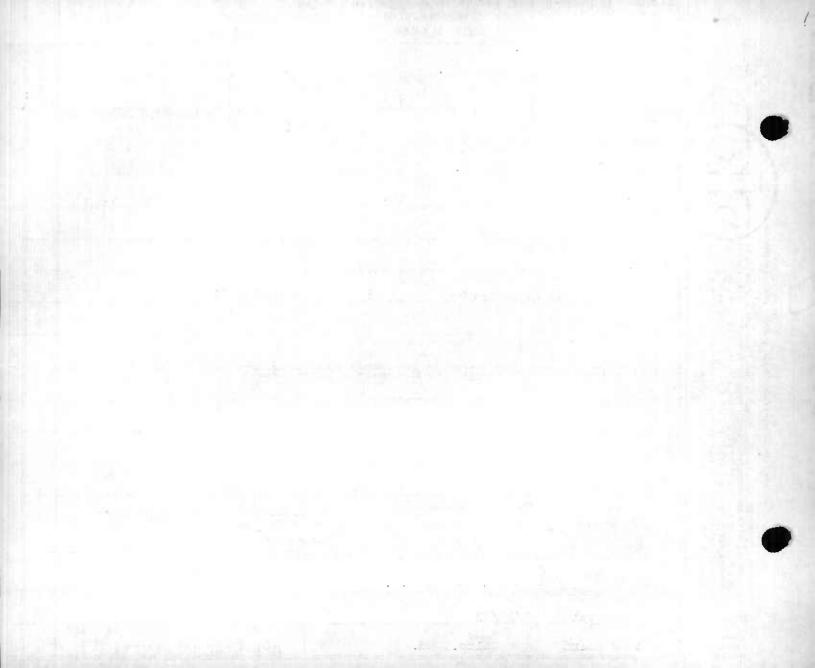
	1.	FOR STATE REGISTRAR		DEPARTMENT OF CERT	HEALTH AND I		IENE 3 2	0	6	5	1
		CEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26. HOU	R
	(117FE	Frankli	in E.	Pur	mell		3-21	-82		10.	1 5/P
	3. SE		4. RACE	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR		
		Male	Black	MO!	DAY 2	09	72	YRS.	MONTHS DATS	HOURS	MIN.
	7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8			9 BALTIMORE CITY		OF DEATH	1	
5		MD	USA	MARR	NED ENEVER	ORCED	Baltim				MD.
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER INST		12a USUAL OCCUPAT	ION	12b. KIND	OF BUSINE	
0		ilto.		Holly			(TYPE OF WORK FOR MOST O	OF WORKING LIF	E) INDUSTRY		
25	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		SIDENCE BEFORE ADMISSION Balto.	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 2206 Mt	. Hol	llv St		
00	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		MAIDEN NAMERSTERST	WE			AST	113
1		VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMA		ADDR	ESS	-		
		YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	2184984	Berth	a Y.	Purnell 2	206 M	It. Ho	llv	St.
(F)	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	D BY. TE CAUSE (0) DUE TO, OR AS A (b) CHEC DUE TO, OR AS A (c) CONDITIONS CONTRI	CONSEQUENCE OF	CHITIS AN UT NOT RELATED	TO THE TERM	IHY SEMA LAUNARY	Y SEMA MUNARY FIBRISIS ALDISEASE OR CONDITION GIVEN IN PART I			
+		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DAY YEA	R	JURY OCCURR	YES NO		ART T OR PART 2)	NO [
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.	TURY TORY, OFFICE, FARM, ETC.)	211. LOCATIO	N	City OR to	OWN	COUNTY	51	ATE
		22a 1 certify that (1) (this haspital) attended the deceased from									
		DAVID 6.5			601	Medica	al Arts Bu	ildi	ng 21	201	
	,	SURIAL, CREMATION, REMOVAL SPECIFY) Burial	3/25/82		CEMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN Balti	more	COUNTY	ST	ATE
		Wm C March F/H	1101 E.	North Ave		MA	R 24 1982	25h, REGIST	R (R'E SIGNA	Math	Av

3-21-82 10:159.1

21			STATE OF MARYLAND
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 0 6 7 5 2 CERTIFICATE OF DEATH
	1.05	REGISTRAR	REG. NO.
n <u>e</u>		OR PRINT)	MIDDLE PURVEAR 26 HOUR P
CRA	3. SE		4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY MONTH DAY MIN.
EAN.		NIRVE	DURUK 11 19 63 YRS.
200		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED 13
49	10 C	13 alto	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 15 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 10 USTRY
and the	13a. S	AL RESIDENCE (IF NURSING HOME O	
Cale Cale	14. FA	THER'S NAME FIRST	MINDER'S MAIDEN NAME Spirst A H Smiddle TH LAST
0 0	16a V	VAS DECEASED EVER IN U.S. AI	
Poge medic	- (YES, MOORALINKNOWN) (IF YES, GI	NEWAR OR DATES) 2/2-12-75/3 Belly presley 3204 Wms
A solution		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0000			ATECAUSE (O) VENTRICULAR ARCKUT HOULE
cord cord i, or		4278	DUE TO, OR AS A CONSEQUENCE OF
nove co		Conditions, if ony, which gove rise to immediate	(b) SICK SINUS SYNDROME
crem crem		couse (0), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF
aned k n pleo buriol,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
The The	NO NO	REMAI	rairure: SEPSIS
permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Hygier Hygier 18 sho	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 10 PART 2)
buriol-tronsit Mentol Hygie or Item 18 sho		OR CONTRIBUTING CAUSE OF DE	
buri or It	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION
os the th and orked o	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
e o E			oital) attended the deceased from 67 01, 19 02, to 0 15, 19 2, that (1) (we) lost
5 = =		sow the deceased alive of	n 19 62, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
thed for the for the for the form 2 the m 2		22b. SIGNATURE	DEGREE 120 DEGREE
detocl		center	PHYSICIAN DIRECTOR PHYSICIAN 0 13-80
FUNERAL uld be dete hithe Stote		224 PHYSICIAN'S NAME LIVE	OR PRINT) 22e ADDRESS 2/ 5/2
should be de with the Stot		CESAIL	GAMBOA N. CHARIES GENERAL HOYMAL
F ₩ 3 ≤ 4		BURIAL, CREMATION, REMOVA	L 23h DATE C SS 131 NAME OF GEMETERY OR CREMATORY 23d. LOCATION CITY PROWN /
)		13	2-18-02 VIII HUDURN CEM BHILDAN VENTRALES
16 30M 2/80 2A 15, 4)	74 F	INERAL DIRECTOR	ADDRESS ADDRESS



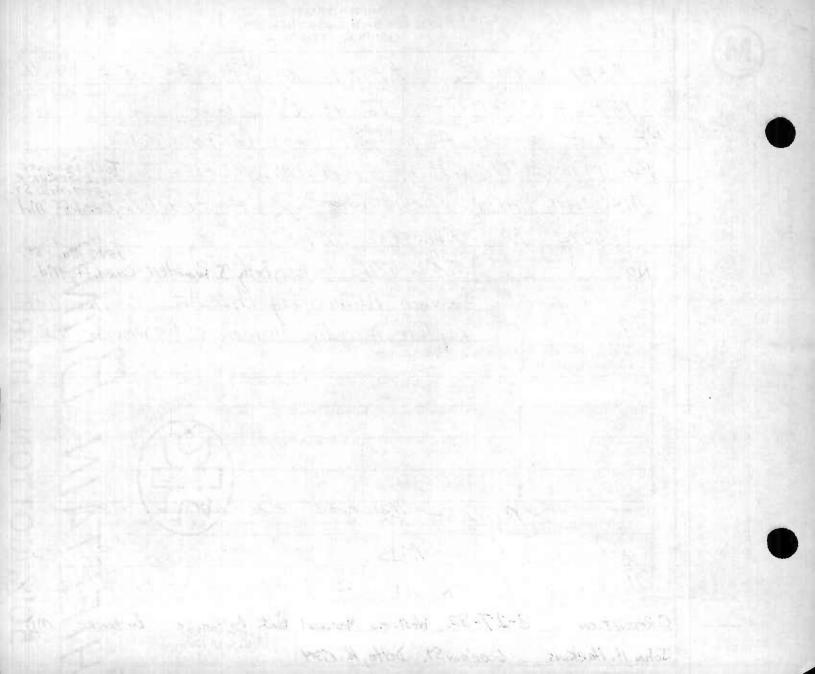
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	- STATE				MED	ICAL E	XAMIN	ER'S C	ERTIFIC	ATEO	F DEA	TH	REG. N	10			
	1. DECEASE	DNAME	FIRST			WIDDLE			LAST				KNOWNX		DAY	YEAR	2b. HOUR
8 a 4 2 b	(TYPE OR PR	HNT)	Miri	am		F.			Outno			OF DEATH	E211-	□ 3	27	1982	
A SEED A	3. SEX	14	I. RACE	5. DATE OF	BIRTH	16	AGE (IN YEA	RS IF UN	Quinn	IF UNDER	24 HPS	C DATE	MAILE	MONTH	DAY	19 OZ YEAR	2d HOUR
353	Fema		White	MONTH	DAY	YEAR	67 YR	MONTH		Hours		RONOUN	CED	3	27	1982	7:00
(7a. BIRTHPL	ACE (STA		76. CITIZEN	OF WHA	T COUNT		8		1			ORE CITY	OR COUN			D. M
B 22 19	FOREIGN				200		V	WIDOW	ED HIKE	BIVORCI	ED 🗆	Bal	timor	e Cit			MD.
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS B. GIVE PAGES 1, 2, AND 310 THE WITH FORM PM. 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF WIFAL RECORDS, 201	Bal	Baltimore			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3231 St. Paul Street				PE OF WORK	OF WORK 126 KIND OF BUSINESS OR INDUSTRY							
21201 ANY D REFAIN RECORD	UŞUAL RES MÖ MÖ		136 COU			13c. CITY C			138. INSIDE CIT	Y LIMITS?		ET ADDRE		ıl St		13	
DEATH IF OF THE AND.	14 FATHER	'S NAME	ME MIDDLE			LAST			15. MOTHER'S MAIDEN NAME MIDDLE		LAST						
BALTIMORE, S AFTER DEA! GIVE PAGES ITH FORM PI PAGES I ANI	16a. WAS D	ECE ASED OR UNKNOW	EVER IN U.S. AI	RMED FORCES		16b. SOCI.	AL SECURITY	NO.	17. INFORM.	ANT			ADDRES	S			
URS AF WITH IT. PAG	Unkn																
FON ST., I 24 HOUR ITEM 18. LONG W PERMIT. GIENE, DI	118 C	ART I DEA	DEATH (Enter of ATH WAS CAUSI	ED BY: ATE CAUSE (a	Arte	erios	clerot		ardiov	/ascu	lar D	iseas	se		BETW	PROXIMATE ZEEN ONSET	INTERVAL AND DEATH
PRESTON ST ITHIN 24 HOL CIL IN ITEM 11 INF ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.			s, If any, which	h		s a cons	EQUENCE ()F									
201 W. PRI UTED WITH IN PENCIL IN PENCIL IN AND AND AMENTAL PON, OR REA			to immediate tating the <u>under</u>		,	S A CONS	EQUENCE C)F						-			
PRDS,		2 OTNER SIGN	NIFICANT CONDITION	(c) (DATRIBUTING T		T NOT RELATE	D TO THE TERMI	NAL DISEASE	DR CONDITION	GIVEN IN PAI	RT 1 (a).						
TAL RECO	19a. E	19a. DATE OF OPERATION			196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						2D A	2D AUTOPSY?					
SHOUL SHOUL CHIEF E USE I OF H	Ě														Y	ES 🗆	NO 🛭
INER: THIS CRTIFICATE SHOULD ICATE, WRITING THE WORD. "PEI FOXWARDED TO THE CHIFF W. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL,		ERLYING ITRIBUTIN	G CAUSE OF	НО	TIME OF IN UR A.M. / P.M.		DAY YEAR	21c. HC	OW INJURY (OCCURRE	D (ENTERN.	ATURE OF INJ	URY IN ITEM 1	B PART 1 OR PA	ART 2)		
TAAAKE	W WHI				PLACE OF REET, FACTOR	INJURY RY, FARM, ETC	(AT HOME,		TREET			CITY OR TOW	VN .	со	YTHU		STATE
NER: 1 CATE, FORV. THE SI			that I took char	T	∇	٢		Autops	_	Inspection		Inquiry		nd in my o	pinion		52:1
EXAMNER: CERTIFICATE OULD BE FORM A. WITH THES MARYLAND,	dea	th resulted	from: Nati	ural causes L	Δl. A	Accident L], Sui	cide 🔲	, Hamicio		Undete	mined ma	nner	,			
CALES SHOULD ATH, A	ACTL SIGN	JAL PATURE	Vira	ma	LL	Jala		M.		stan	+_MEDK	CAL EXAM	INER	DATE	_{ED} 3	-28-8	32
TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST	EXAA (TYPE	EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS III Penn Street															
524548_	23a. BURIAL,	CREMATI	ON, REMOVAL	23b. DATE		23c. NA	ME OF CEA	AETERY O	R CREMATOR	RY	23d. LOC	ATION		cou	NTY	STA	TE.
IDO BP		Remo	oval	3/29/	/82												
1202 DHMH-17	24. FUNERA NAME	AL DIRECT	OR		ADDRESS				. 25			REGISTRAI	R 25b. 959	ISTRANS	GNAD	Morth	44
(VR A15 ME (5)) 15M 2/80	Anat	omy 1	Board	E		. , Mc				_AP	R 1 :	1982	1A	ance y			



THE RESIDENCE OF THE SECOND North Control of the MANUAL TRANSPORT OF A STATE OF THE PROPERTY OF THE PARTY bt wire field win lunce hand 4 di call to the Contract of the co STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

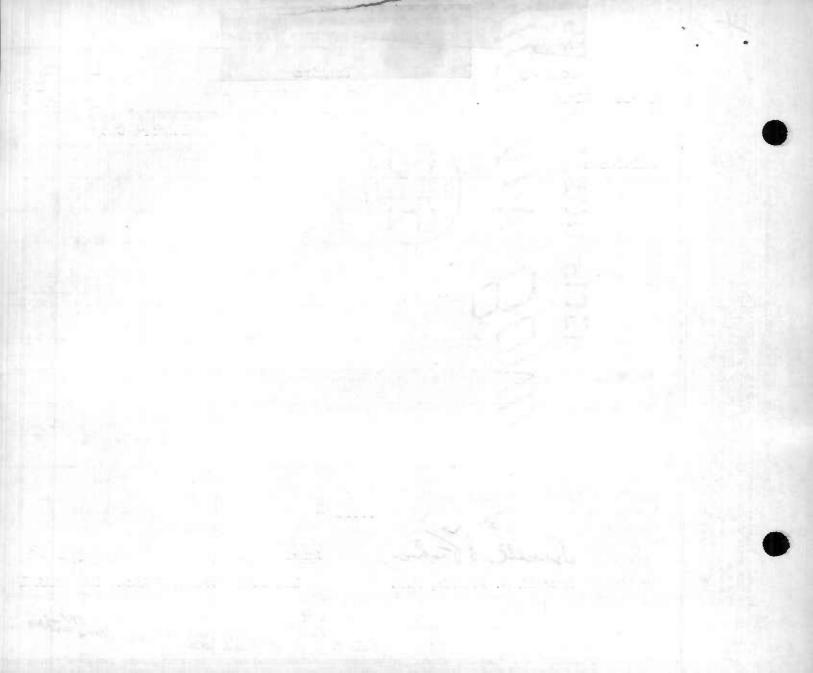
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			STA	TE OF MARYLAND	13	0 6	1 h
1	1.	FOR STATE		HEALTH AND MENTAL HYG	IENE O 4	00	3 4
(mm)		REGISTRAR	CERT	IFICATE OF DEATH	REG. NO).	
FRM# 1	1 DE	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1000	(1196	ORPRINTIN HARIES	KA	MCDFIL	03-2	5-82	9:084
2 00	3 SE	X I4 R	ACE, 5. DATI	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
ector.		MALE	WHITE M	2 14 15	66	MONTHS DAYS	
Po hou	Je BI	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	A PARTYER WARRIED TO	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
hin 72	P	A. USA	USA WIDON	VED DIVORCED	BACTIMOY	ECITY,	MD.
of with	10 C	RAITI NIJOH	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	EMAP // MA/T	120 USUAL OCCUPATION		DESINESS OR
Se file	Usu	AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	THE YEAR Y	1/16/1/0	Civil	SERVICE
filled and blood by		MARYLAND H	ARFORD CARDIFF		13e. STREET ADDRESS	(176, Car	diff Mel
pletely nd 2 sh	14. FA	THER'S NAME	LE / A.MAST	15. MONHER'S MAIDEN NAM	ME	1	ist -
E O	2	JESSIE 1	V KAMSDEL	MARY		LIN	DER
Poges Poges		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA		17 INFORMANT	ADDRE:	1597	Main St.
6 5 0		NO	10 1012-61	1 1111 6,0	etty J. Kamsa	1ell Cardit	F, Md.
pape pape noval. ent, th		18 CAUSE OF DEATH (Enter only o PART I, DEATH WAS CAUSED BY		2	Manual	BETWEEN	ONSET AND DEATH
bong remo		1/1/ IMMEDIATE C		almonita	Arresv	1.mi	mediate
or or office office		44//	DUE TO, OR AS-A CONSEQUENCE OF	1. 1.			2/n.
ove fron	583	Conditions, if ony, which	16) Rupture X	scending the	vacue aort	ic aneurusm	40 men
the of removi emotiv		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
by See J. cr		underlying cause lost.				7 77	
on plect burial ry, or		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1	la:
The to	N O						
beer prior ony	ATI	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	20m AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
w se pe	CERTIFICATION				YES NOW	IN CERTIFYING CAUSE:	S OF DEATH?
	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR			
certificate rial-transit entol Hygi Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEA	R			
buriol-tr Mentol to	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	21f LOCATION			
the burned or	ME		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	wn COUNTY	STATE
os t tho orke		AT WORK AT WORK		1/2/	***	,	
R. A		22a. I certify that (I) (this haspital)	granded the deceosed from MA		- to March	19 8	that (I) (we) lost
e hospitol DIRECTOR sched for u Dept. of He		sow the deceased alive on above, (I) (we) (did) (did not) vis	ew the body ofter death	and that in (my) (our) opinion o	death occurred on the do	te and hour and from the	e couses stated
DIRECTOR DIR		226. SIGNAPURE -		DEGREE		77c DA36	ESIGNED
1 4 9 7		senda !	. Keyer MA	ATTENDING PHYSICIAN	MEDICAL STAF		5/82
FUNERAL I		22d PHYSICIAN'S NAME TYPE OF PRI	NT)	22e ADDRESS	J Dimeeron Timore	× /	1
ould ould th th POR		LINDA J.	KEVER MD.	22.5. GR	EENEST.	- BACTO. 1	ND. 2120,
te Die	23a. E	SURIAL, CREMATION, REMOVAL 2	3b DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
P	C	Remation	-27-82 Westure	Manoral Best	BaltimaRe	, baltimare	= amo
H-1650M1/81	24. FU	JNERAL DIRECTOR		25a D 4	JARA (REGORA)	25b: REGISTRAR	LUM BUSINESS
(VRA 15, 4)	I	ha H. Hapkins	Goodlain St. Delt	n. R. 1734	11,000	0	
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		PE OR PRINT)	- 4101	. T C1		2	(ASI	2a. DATE KNO OF ES	TI-	- 0-	HOUR
	3. SE	X 4. RA		hy J. Sh			ankins	DEATH MAT	TED 3	19 19 82	M
	I	Female I	Black	5. DATE OF BIRTH	46 35 YRS	MONTH		PRONOUNCED DEAD	3	19 19 82	b w
	FC	PREIGN COUNTRY) GA		76. CITIZEN OF WH		8. MARRIE WIDOW!	ED NEVER MARRIED ED DIVORCED		imore Ci		MD.
	10. C	Baltimore			ITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS) Mulberry			. USUAL OCCUPATION FOR MOST OF WORKING L		OR INDUSTRY	SS
	USU/ 13a. S	AL RESIDENCE (IF IN) TATE MD	13b COUNT	R OTHER INSTITUTION, GIVE Y	RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS 1911 W.	Mulher	cry St	
	14. F/	ATHER'S NAME					15. MOTHER'S MAIDEN N	AME	114120		
	1	James		MIDDLE	Bailey		Betty	MIDDLE		Hill	
	160. V	VAS DECEASED EVE	R IN U.S. ARA		166. SOCIAL SECURITY	NO.	17. INFORMANT	AC	DDRESS		
		No	(IF TES, GIVE	TAR ORDAICS)	N/A		Betty Hill	1 324 N.	Monroe	e St.	
		PART I DEATH	ATH (Enter onl WAS CAUSED		or (a), (b), and (c).) arcotism		A SINCA SI	The Table		APPROXIMATE INTER	DEATH
		304	IMMEDIAI	E CAUSE (a)	AS A CONSEQUENCE O	F					
		Canditians, if		(b)			0				
		cause (a) stati lying cause la	ng the <u>under</u> -	DUE TO, OR A	S A CONSEQUENCE OF	F					
	z	PART 2 DTHER SIGNIFIC	ANT CONDITIONS O	DNTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMIN	(AL DISEASE	DR CONDITION GIVEN IN PART 1 to	0			
-	TIO	19a DATE OF OPE	RATION	19h CONDITI	ON FOR WHICH OPERA	JION W/	AS PERFORMENS			In Allegacya	
	FICA			The CONDIT	O. T. OK THICH OFERA	TOTA AAY	STERTORMED!			2D AUTOPSY?	
-	ERTI	21a EXTERNAL CA	USEWAS	21b. TIME OF		21c. HO	W INJURY OCCURRED (E	NTER NATURE OF INJURY IN	ITEM 18 PART LORPA		0 🗆
3	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DAY YEAR		Tools (-1	
	EDIC	21d. INJURY OCCU	IRRED	21e PLACE O		211 LOC	ATION	CITY			
	E	WHILE NO	WORK	STREET, FACTO	ri, rakm, ETC.J	SI	REC I	CITY OR TOWN		YTAUC	STATE
		22a certify the	at I taak charge	e af the remains descr	ribed abave, held an	Autaps	y X, Inspection	, Inquiry	and in my a	pinian	
	1	death resulted fro	m: Nature	al causes X,	Accident , Suic	ide .		ndetermined manner			
		ACTUAL	0	00 P	60		TITLE (SPECIFY)			- / /0 -	
		SIGNATURE	Su	sell o) when	M.1	Chief	MEDICAL EXAMINER	DATE	3/19/82	,
2		EXAMINER'S NAM (TYPE OR PRINT)	E Russe	ll S. Fis	her, M.D.	^	ADDRESS	n Street,		Md. 2120	1
	23a.B	URIAL CREMATION SPECIBLE Burial			23c. NAME OF CEM		CREMATORY 23	d LOCATION CITY OR TOWN Crownsvi	cou	err stare	=
	_	UNERAL DIRECTOR		3/24/82	Md. Vet	erar				Without	
	-	MAAAE	March	F/H ADDRESS 1	.01 E. Nor	th		22 1982	REGISTRA	horacelous	
	-			-/			MAN OF A				



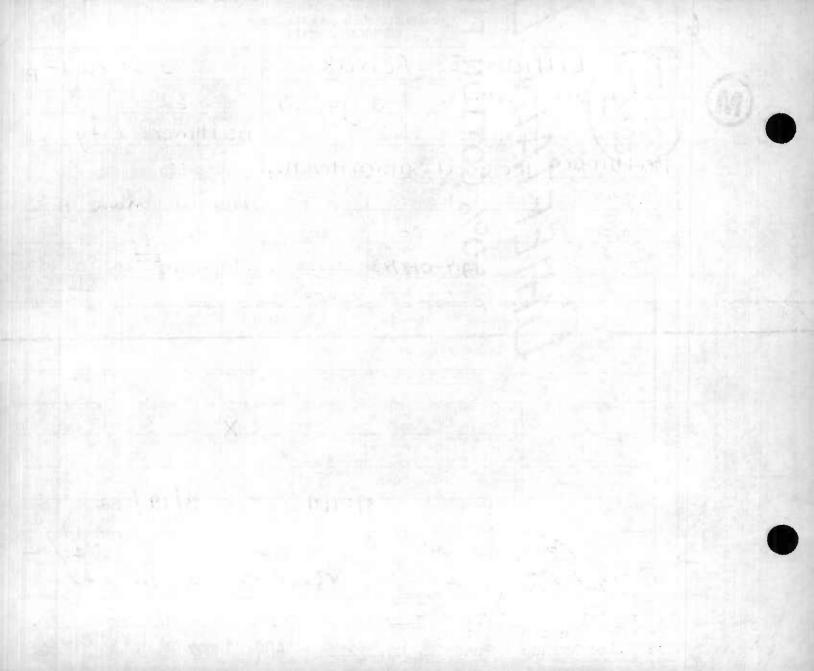
FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

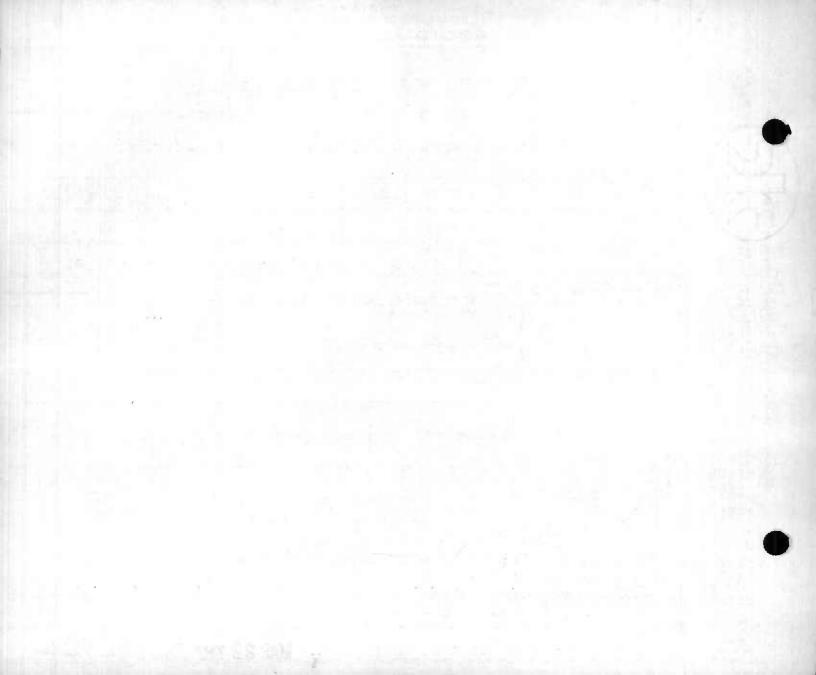
CERTIFICATE OF DEATH

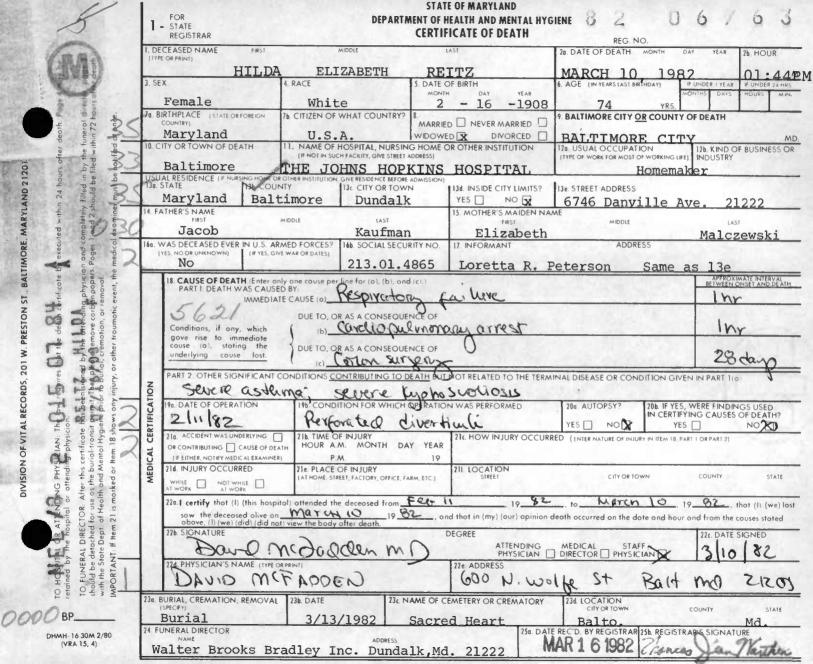
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	FOR STATE REGISTRAR			DICAL EXAM		ERTIFICATE	OF DEA	TH	REG. NO.	0	1 0	chim.
(T	ECEASED NAME YPE OR PRINT) MARY	BEATE		WIDOLE		REID	2	OF DEATH M	ATED [3 18		2b HC
	emale n	egro	5. DATE OF BIRTH MONTH DAY 8 23	YEAR 99 82			MIN P	RONOUNCI DEAD	ED	3 18	- ,, -	7d. H
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)) `		SA	WIDOW		RCED	Balt	imore	City		
	Baltimore		931 Ru	PITAL, NURSING HO CILITY, GIVE STREET ADDRE Land Ave	SS)	ER INSTITUTION		AL OCCUPA OST OF WORKIN	TION (TYPE OF	WORK 17h	OR INDUST	
130.	JAL RESIDENCE (IF IN STATE MD	13b COUNT	r other institution, give	130 CITY OR TOW Baltim	N	13d. INSIDE CITY LIMITS YEXX NO		ET ADDRESS	Rutl	and	Avenu	ıe_
P	James		MIDDLE	Pack		15. MOTHER'S MA Ell	a a	MIDD		F	Epps	
160.	WAS DECEASED EV (YES, NO, OR UNKNOWN) NO	(IF YES, GIVE V	WAR OR OATES]	16b. SOCIAL SECU 217-03 for (a), (b), and (c).)	-9003	Hazel :	Lang 5		address Buckn	ell	Rd.	
TION		CANT CONDITIONS C		NUT NOT RELATED TO THE			N PART 1 10%					
MEDICAL CERTIFICATION	19a DATE OF OPE		196 CONDIT	ION FOR WHICH O		AS PERFORMED?	RRED LENTERN	ATURE OF IN-HUR	Y IN ITEM 18 PART		YES .	NO [
MEDICALC	UNDERLYING L CONTRIBUTING [21d. INJURY OCCU		HOUR A.M. P.M. 21e PLACE C	MONTH DAY Y	EAR 21f LO	CATION TREET		CITY OR TOWN		COUNT		STAT
		ot I took charge	e of the remoins desc	cribed obove, held o	n Autop Suicide	Homicide TITLE (SPECIFY	Undete	Inquiry Trmined mann	ier .	DATE	on 3-18-	82
2	EXAMINER'S NAM	Ani		n, M.D.		ADDKE33	1 Penn			, Md	. 2120	1
	BURIAL, CREMATION (SPECIFY) Buria	al	3/24/82	23c. NAME OF Arbut		m. Park		altim		COUNTY		5 ^{ATE}
24.	Wm. C. I	March	F/H 11	01 E. No	rth A		AR 22	1982	25b. REGISTR	AR'S SIG	Wath	en





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DHMH-16 50M 1/81 (VRA 15, 4)

STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

notified of once

injury, or other troumotic event, the medical exa

IMPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

26 HOUR

	N	Mary				Rezac	March 3 1982 10P				
a: 56	X 4 RACE				5. DATE O		6. AGE (IN YEARS LAST BIRT	DAY)	IF UNDER 1 YEAR	IF UNDER	24 HR5
Female White			e	8-2	7-1891 YEAR	90	YRS.	MONTHS DAYS	HOURS	MIN.	
TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY				WHAT COUN	TRY? 8		9 BALTIMORE CITY OF COUNTY OF DEATH				
	Austri		U.S.		WIDOWE		Balti	more	re City MD.		
Baltimore 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Haven Nur					TREET ADDRESS)	ome	126. USUAL OCCUPATION OF WORK FOR MOST OF Homemak	WORKING LI	12b. KIND O INDUSTRY	F BUSINE	SS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RES 136 STATE 136 COUNTY 136. C				13c. CITY OR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 823 N.	Bra	dford	St.	
14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA					
	Frank				eidel	Katheri	ne		Si	del	
	VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17. INFORMANT	ADDRES		4 / -		
	no	-0.1		212 - 7	4-3837	William Re	zac (son)	38T	.8 6th		
	PART I. DEATH W	AS CAUSE	lly one couse per D BY: TE CAUSE (o)	line for (b)	DIO PUL	-MUNARY,	ARREST		BETWEEN C	MATE INTER	VAL
	Conditions, if ony,	which	DUE TO, OI	R AS A CONSI	EOUENCE OF	evo					
	gove rise to imm couse (a), stating underlying couse	rediote	DUE TO, OI	R AS A CONSE	OUENCE OF						
	- Constant		(c)	e							
NO	PART 2 OTHER SIGN	MIFICANTO	CONDITIONS CC	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV		en '	
MEDICAL CERTIFICATION	19a DATE OF OPERAT	DATE OF OPERATION 196 COND			HICH OPERATION	N WAS PERFORMED	20a AUTÓPSY?	IN CERTI	S, WERE FINDIN	OF DEAT	H?
CERT	21a. ACCIDENT WAS UND		21b. TIME O		DAY YEAR	21c HOW INJURY OCCURR				NO [
CAL	(IF EITHER NOTIFY MEDIC		317		19	La Trans					
MEDI	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		21e PLACE (OF INJURY EET, FACTORY, OF	FICE, FARM, ETC 1	211 LOCATION STREET	CITY OR TOW	Z	COUNTY	5	TATE
	226.1 certify that (1)		tal) attended the	- do	(0)	0 10 01	9.1	1	A 3		11.
	sow the decease above, (1) (we)	d oly on	we the body	2	9 8 2 am	d that in (my) (our) opinion o	death accurred on the dat	e and hou	or and from the	4 . 1	ve) lost ited
	226 SIGNATURE	Ok	hat	an	7	ATTENDING PHYSICIAN	MEDICAL STAFF	AN []	22r. DATE	SIGNED	
	22d. PHYSICIAN'S NA	T)1				22e ADDRESS					
	Dr.	Bna	atiana			6615 Re	eisterstow	n Rd	•		
23a. E	BURIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	3 2 451	ATE
	Burial		3/6/8			an Nat'l	ciiy o Balt			Md'	
24. FI	"Schimun	ek F	uneral	Home,	Inc.	100	REC'D. BY REGISTRAR 2	Sh REGIST	TRAR'S SIGNAT	JRE	
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OULTAND SYN.					DEATHER.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1101 ADE North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

YEAD

IF UNDER 1 YEAR

YES

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE

22c DATE SIGNED

2b. HOUR

125 KIND OF BUSINESS OR

NO [

STATE

MD

20 DATE OF DEATH

DHMH - 16 50M 1/B1 (VRA 15. 4)

- STATE

REGISTRAR

I. DECEASED NAME

24 FUNERAL DIRECTOR

C. March F/H

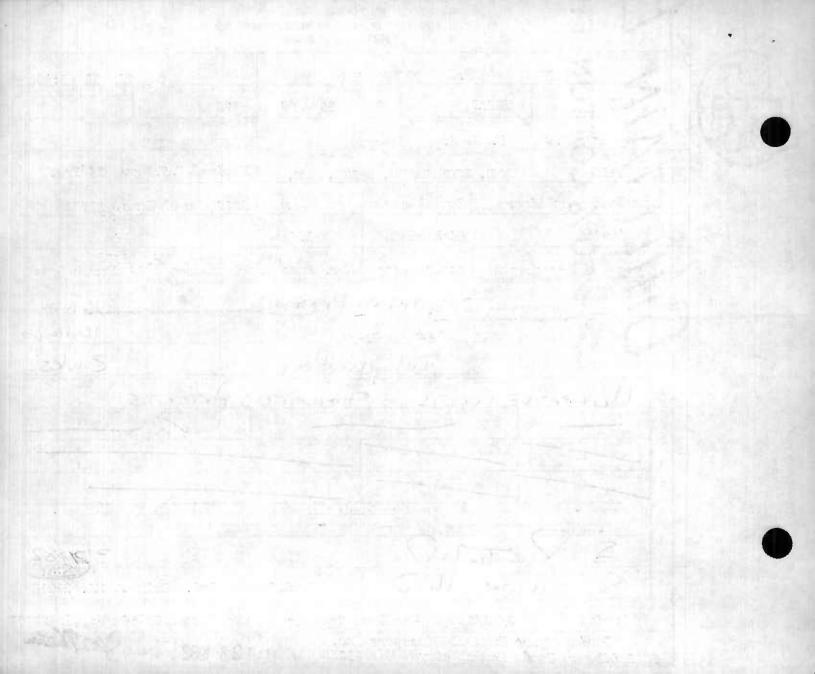
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



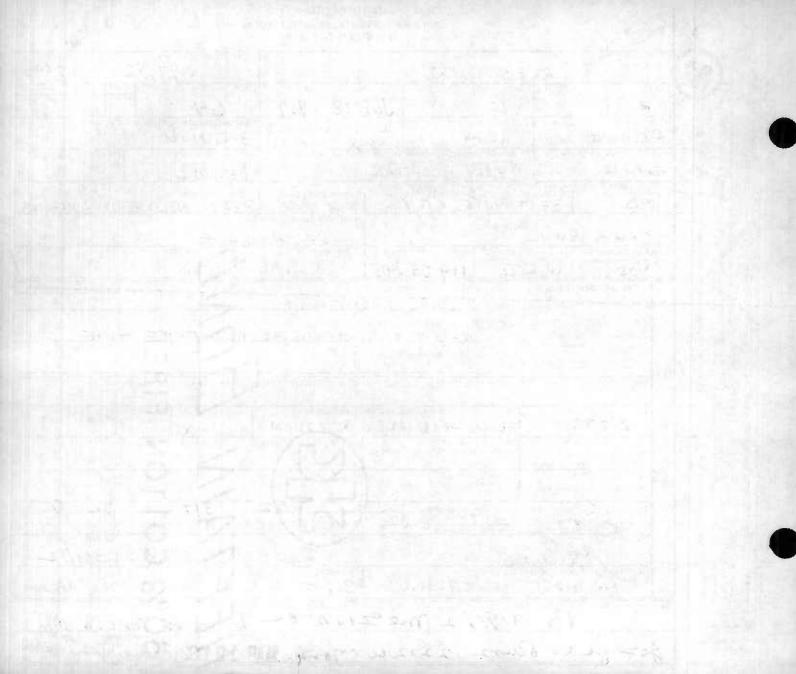
injury, ar ather traumatic event, the medical

STATE OF MARYLAND

FOR STATE REGIS			DEPARTA		EALTH AND MENTAL HY		6, NO.	, 0	
1. DECEASED		,	AIDDLE	ı	AST	20 DATE OF DEAT		DAY YEAR	2b HOUR
TYPE OR PRINT	CAL	EB 1	FICKZ				3/7/8	2	230p
1 SEX	4	RACE		5. DATE C	F BIRTH	6 AGE IN YEARS LAS	T BHITH(DWY)	IF UNDER 1 YEAR	
	M	B		JUX	18 1917	64	YRS.	MONTHS DAYS	S HOURS MIN.
Je BIRTHPLA	CE (STATE OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
BACTI	MORE	US	*	WIDOWE			OXE		М
O CITY OR T	OWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET HOSPI	ADDRESS)	of other institution	12a USUAL OCCUI			OF BUSINESS OF
USUAL RESID	DENCE (IF NURSING HOME OR O 136 COUNT BAC		GIVE RESIDENCE BEFORE 131. CITY OR TOWN E CITY		13d. INSIDE CITY LIMITS? YES NO			GTON A	ALVENUE
14 FATHER'S		DOLE	LAST		15 MOTHER'S MAIDEN N				AST
CAL	LEB RICKS			9.91	PHODA	WHITE			A31
	CEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	RITY, NO.	17 INFORMANT		DRESS	471.5	
15.			119 75.	2415	MEDICA	L RECORD	5		
	USE OF DEATH (Enter only RT 1. DEATH WAS CAUSED		line for (a), (b), one	d (c).)				APPRO	DXIMATE INTERVAL N ONSET AND DEATH
gave	rise to immediate (a), stating the lying cause lost	(b)	R AS A CONSEQUE	RYV	ENTRULLA	e ANRHY	ithua	+ CHI	<u> </u>
PART 2	OTHER SIGNIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	rminal disease or c	ONDITION G	VEN IN PART 1	(0"
CERTIFICATION 210 VIOLE 100 VIOLE 10	TE OF OPERATION	TEMP			WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FIND IFYING CAUSE ES	DINGS USED ES OF DEATH? NO
OR CON	CIDENT WAS UNDERLYING THE STREET OF DEATH HER NOTIFY MEDICAL EXAMINER)	216. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2}	
21d INJ	JURY OCCURRED NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY C	DR TOWN	COUNTY	STATE
909	ertify that (1) (this hospita the decorption of	219	19	3/	d that in (m) (aur) opinia	2, to34 in death accurred an th	e date and ha	ur and from the	that (we) las ne causes stated
	Joelen Jelen					MEDICAL S	STAFF YSICIAN A	22c. DAT	7/82_
214 PH	HAREARE		ER, Hil	>	301 ST. PF	ILL PL.	BAUIN	NOTHE,	NO
230 BURIAL,	CREMATION, REMOVAL	23b. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

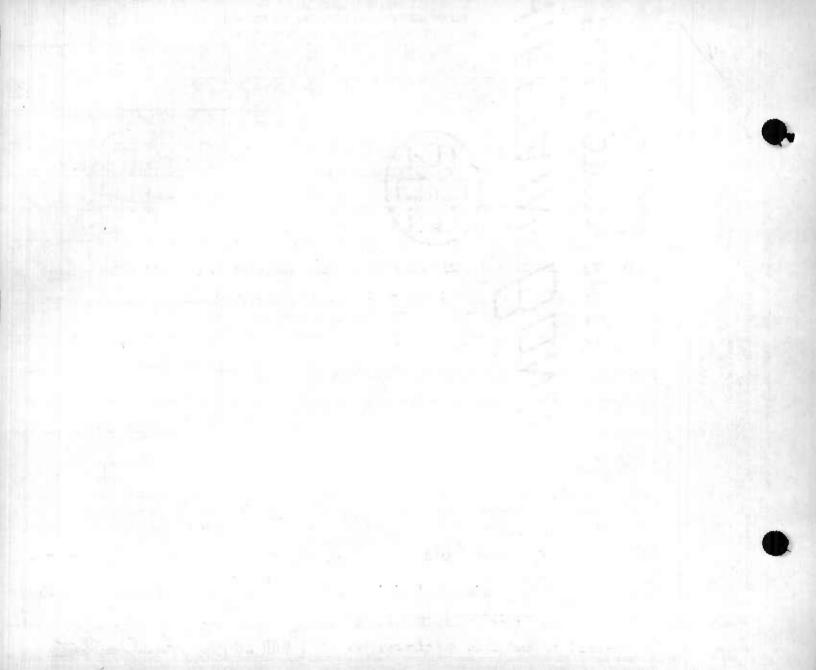
250 DATE REC'D BY REGISTRAN 256 REGISTRAND GIGNATION OF THE PROPERTY OF THE PR



-4	1.	FOR • STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	06771
(M)		CEASED NAME FIRST EUGENI	MIDDLE G.	RICKS SR.	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 3 11 82 5:16 PM
ge 4 mg	3. SE	MALE	4. RACE WhoTE	5. DATE OF BIRTH MONTH DAY YEAR 1 1931	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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es that the death certific ned by the attending ph please remove carbon pourol, cremotion, or remo	NO!	conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DBY: E CAUSE (0) Care DUE TO, OR AS A CONSE (b) Chru DUE TO, OR AS A CONSE (c) Cogstie Ite	QUENCE OF QUENCE OF QUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Ye givs DITION GIVEN IN PART 1(0)
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DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or ottending physician. After this certificate has been sig et as the buriol-transit permit. Then olth and Mental Hygiene prior to b marked or Item 18 shows any injury	MEDICAL CE	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER TIME NOTIFY MEDICAL EXAMINER OF COURRED NOT WHILE AT WORK	HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 21f LOCATION STREET	URRED (ENTER NATURE OF INJUI	WN COUNTY STATE
OR ATTEN he hospitol DIRECTOR: oched for us Dept. of Hem 21 is		220. I certify the Country this hospi saw the deceased after an above, (I) (we) (did) (did no 22b. SIGNATURE	3/11	£3 .	on death occurred on the do	19 2, tho (()) (we) lost one and hour and from the causes stated
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPEO	eclure M	22e. ADDRESS		wpital
0000BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	3-15-82	131. NAME OF CEMETERY OR CREMATOR	A BALL	COUNTY TO REGISTRATIVE OF THE PROPERTY OF THE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN (X) (TYPE OR PRINT) OF ESTI-Herbert F. Jr. DEATH MATED 3 28 Ridgell 1982 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2:23 2c. DATE LAST SIRTHDAY) PRONOUNCED Oct.28,1920 Male White 61 DEAD 28 1982 a. M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TI NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED Baltimore City WIDOWED . AGES 1, 2, AND 3 TO THE FLUR PAGE 5 STAIN PAGE 5 STAIN 2 SHOULD BE FILED 1 N OF WIAL REÇORDS, 201 W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Balto. City Water Pept. Ret. Baltimore Baltimore City Hospitals USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STREET ADDRESS 415 N. Bouldin St. 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sr. LAST Herbert F. Ridgell Gertrude Mullin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS PAGES 1 DIVISION (YES, NO, OR UNKNOWN) LIFYES, GIVE WAR OR DATEST Iorraine A. Ridgell SAmo Yes WW II 217-07-2504 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 191 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE USED YES NO X E 3 SHOULD BE DEPARTMENT TO BUI 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR CATE, WRITING THE FORWARDED TO CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Inspection XX Autopsy and in my opinion Natural causes XX death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 3-28-82 SIGNATURE EXAMINER'S NAME ViYginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) **ADDRESS** 23 a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Mar.31,1982 Most Holy Redeemer Md. Balto. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Leonard J. Ruck Inc. Baltimore, Md. (VR A15 ME (5)) 15M 2/80



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	Item 13e G 565	3/9/82 GAB	STATE OF MARYLAND		, , , , ,
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e p		RANKLIN W.	ROBERTS, JR.	March 3, 198	
Om (C)	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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N OF V N OF V SICIAN ng phy certific urial-tre kental H fem 18			DAY YEAR		
NSIG Jing S cer S cer Men ir Ite	OR CONTRIBUTING CAUSE O	21e PLACE OF INJURY	21f. LOCATION		
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or offending physician. After this certificate has been signed by the attending physician and completely filled in bye as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fill oith and Mental Hygiene prior to burial, cremation, ar removal. marked or item 18 shows any injury, ar other traumatic event, the medical examiner must be as		(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
O O O E	AT WORK - AT WORK -	espital) attended the deceased from	7.28 10 8	/ to 3.3	19_8 2 , that (I) (ee) last
TEN To So So Ten	sow the deceased playe	3: / 10	8 2, and that in (my) (opinion		or and from the causes stated
OR AT OR AT DIRECT DIRECT Soched for Dept. o	obove, (I) (we) (did) (did	not) view the body after death.	DEGREE		22c DATE SIGNED
tach be be	10	Il su	ATTENDING	MEDICAL STAFF	
SPITAL A by the NERAL De detail be detail TANE. IT TANE H	226 PHISICIAN'S NAME A	or obvered	PHYSICIAN 226 ADDRESS	DIRECTOR PHYSICIAN	3382
O HOSPITAL Cetained by the TO FUNERAL D should be detact with the State D MAPORTANT: If		1/			
TO HOSP retained 1 TO FUNE should be with the 3		W. Zebley, II		reenmount Ave.,	Balto., Md.
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90/BP	Burial	3/5/82	Mt. Olivet	Frederick,	Md.
DHMH-16 30M 2/80 (VRA 15, 4)		nry W. Jenkinss	& Sons Co. MAI	TE REC'D. BY REGISTRAR 25b. REGIST	11. 1217 -
(VRM 13, 4)		oad Balto. Mo		14 1982 Francis	fan kithen

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page must retained by the hospital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND		-	13	,	-
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	Ca	U	0	1
CERTIFICATE OF DEATH		REG NO			

FOR		DEPART		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	0	6/	1 5
- STATE REGISTRAR				ICATE OF DEATH	REG. NO	0		
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE		AST	20. DATE OF DEATH		Y YEAR	26 HOUR
(TITE OKPKINI)	RUBY		.RO	BERTS		3 6	82	4/0/
3 SEX	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HR
FEMALE	WHI	TE	07,	14 1894	8	7 YRS.	NIH3 OATS	MIN
7a BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN O	F WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
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USUAL RESIDENCE (IF NUR	SING HOME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	134 STREET ADDRESS.		1 5 6 9 - 7	
MARYLAND	A.A.	GLEN BUE	RNIE	YES NO X	319 WENDE	COURT	21061	
14 FATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA/	WE		LAST	
W.	М.	MASON		CORDILL				NOWN
(YES, NO OR UNKNOWN)	(# YES, GIVE WAR OR DATES)			17 INFORMANT	ADDRE	ALIM	OLD, MI	
NO		431-32-	-2554_	LUTHER V. RO	BERTS 1029	SHORE	ACRES	
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Conditions, if ony		MIO CAYD	ial t	nfarction				
gave rise to im cause (a), stati underlying caus	mediate ng the DUE TO.	OR AS A CONSEOU	ENCE OF					
	NIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	1
e Conge	stive Hee	rt Failu	re - C			mondry		
CON 9 4 190 DATE OF OPERA	TION 19b. CON	DITION FOR WHICH	H ÖPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYII	the same of the sa	GS USED OF DEATH? NO
OR CONTRACTOR	110.10	OF INJURY	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I 1 OR PART 2)	
(IF EITHER, NOTIFY MEDI	CALEXAMINER)	P.M.	19					
(IF EITHER, NOTIFY MEDII 21d INJURY OCCUR WHILE NOT V AT WORK AT W		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
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22b. SIGNATURE	1			DEGREE ATTENDING	MEDICAL STAT	F /	22c. DATE	IGNED
San	ayano-			PHYSICIAN [13/	186.
22d. PHYSICIAN'S N	AME (TYPE OR PRINT)			1022 Char	ing Mart	iù ct	v	
23a. BURIAL, CREMATION	, REMOVAL 23b. DATE	23с.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CC	OUNTY	STATE
REMOVAL/BUF	IAL 03-	10-82	PINE	CREST	MENA	3	POLK	ARK.
24 FUNERAL DIRECTOR	BALTO., MD.	ADDRESS	2122	25e. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	JRE
	NERAL HOME.		WILKE	ENS AVE.	IR 8 1982	Chance	Jan!	as the

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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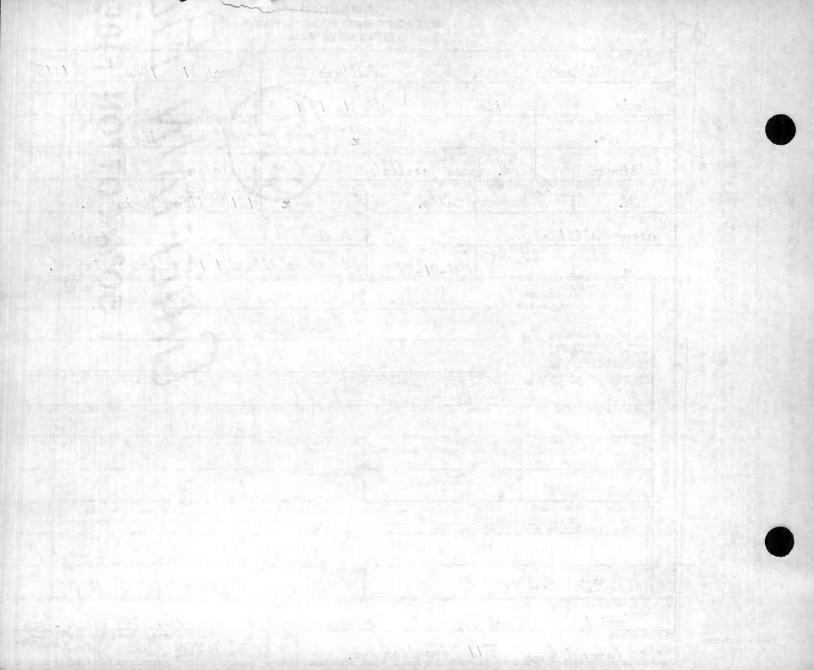
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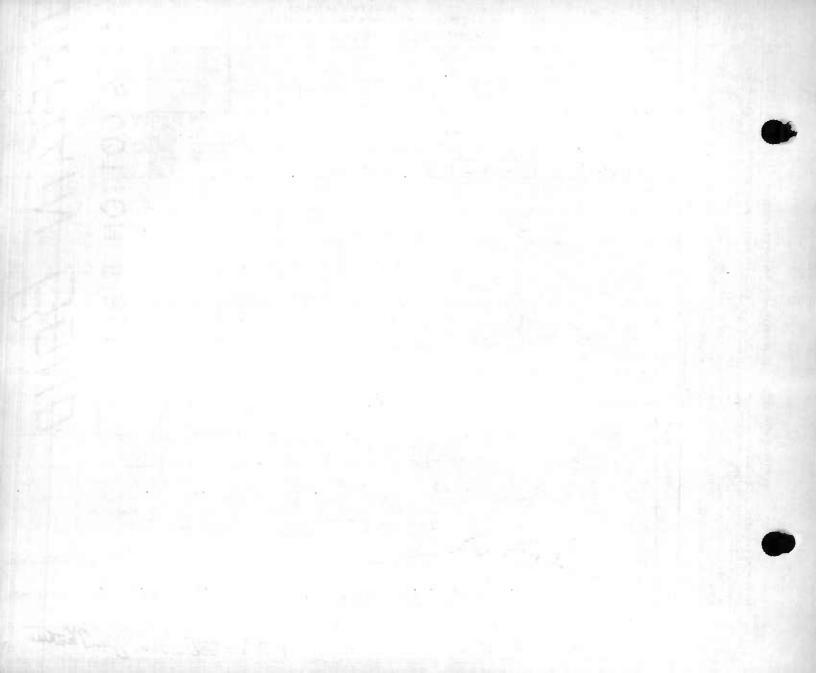
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t		FOR 1 - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		16/11
V		DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
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tor. pog		SEX Male	4 RACE White	5 DATE OF BIRTH Smooth July 31. 1901	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
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201 Urs offi Tilled v	6	Baltimore	St. Agnes Ho	spital	(Type of work for most of working	INDUSTRY
LAND 2120 LAND 2120 iin 24 haurs y filled in by shauld be fille	5	Md.	RE OR OTHER INSTITUTION, GIVE RESIDENCE BI PUNTY 136. SITY OR T Batto	OWN 13d INSIDE CITY LIMITS	? 130 STREET ADDRESS Sp.	ring Rd.
MARYL ed withi	30	Joseph Robilla	nd last	15 MOTHER'S MAIDEN Marie	NAME	Paranteau
BALTIMORE, cate be execut ysician and ca opers. Pages 1 val. tt, the medical	2	(YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? 166 SOCIALS S. GIVE WAR OR DATES) 038-01	C1 101	illard 1319 Willow	
ST., BALTI ertificate b g physician conpopers. remayal.		18. CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per line for (o), (b)		y arust	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
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that the d by the lease remial, crem		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE			
equires equires in signe Then pl r to buri		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	S CURLOR	ERMINAL DISEASE OR CONDITION G	VEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires th cattending physician. After this certificate has been signed to st the burial-transit permit. Then plea th and Mental Hygiene prior to burial, and Mental Hygiene prior to burial, orked ar them 18 shaw _* any injury, or or	1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED	YES NO NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES NO
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15M 2/80



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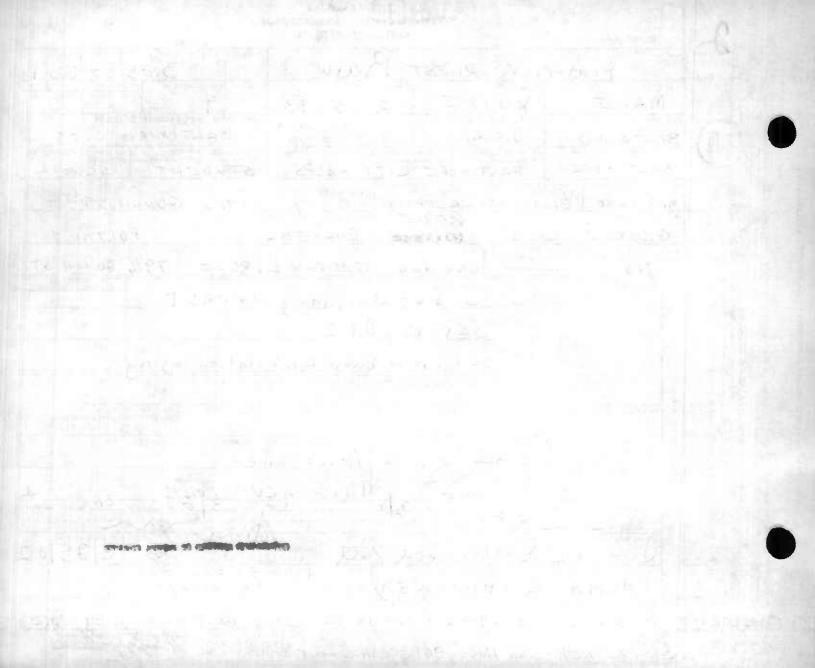
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I. DE	ECEASED NAME	FIRST	MIDDLE			AST	REG. NO.	DAY YEAR	Dr. HO
	PE OR PRINT)	Robert	t N.		Rob	inson	3-3-82	DA1 1684	2ь но 3
3. SE	EX	4 RAC	E		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDE
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	Baltimore	(IF	John	Hopki.	ns H	ospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK R. M.		
130	JAL RESIDENCE (IF NURS	IS COUNTY	STITUTION, GIVE RE	ESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
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14. F	ATHER'S NAME FIRST	MIDDLE		LAST		15. MOTHER'S MAIDEN NA	ME	LASI	
	Robert	М.		binson		Ginny		Gi11	
	WAS DECEASED EVER	IN U.S. ARMED FO		SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRESS		
	No		23	5-16-5	569	Mrs. Edna I	Robinson, El	kton, Md.	219
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HCATION	gove rise to imm cause (a), statin underlying cause	nediate g the lost. DI HEICANT CONDIT	(c)	A CONSEQUE BOCINI BUTING TO D	NCE OF	ADRIC H	ANEURUS PM REMAINAL DISEASE OR CONDITION 1200 AUTOPSY? 1206. IF	YES, WERE FINDIN	GS USE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

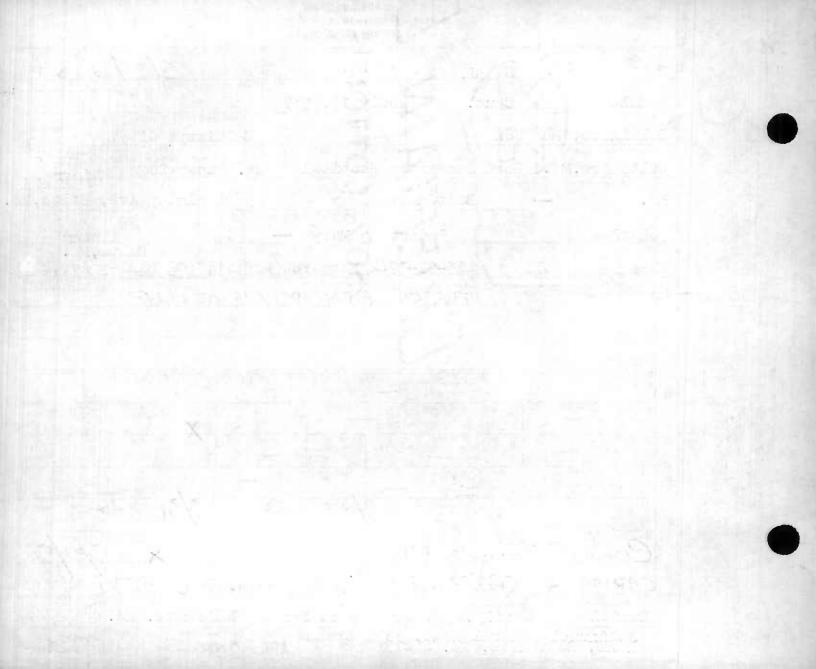
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	22d. PHYSICIAN'S NAME (22e ADDRESS		RCH HOSP	TAL COR	PORATIO	N 100
	DR. M. LUK	AR .			BROADWA	AY RAI	LTIMORE,	MARYLAN	D 2123	
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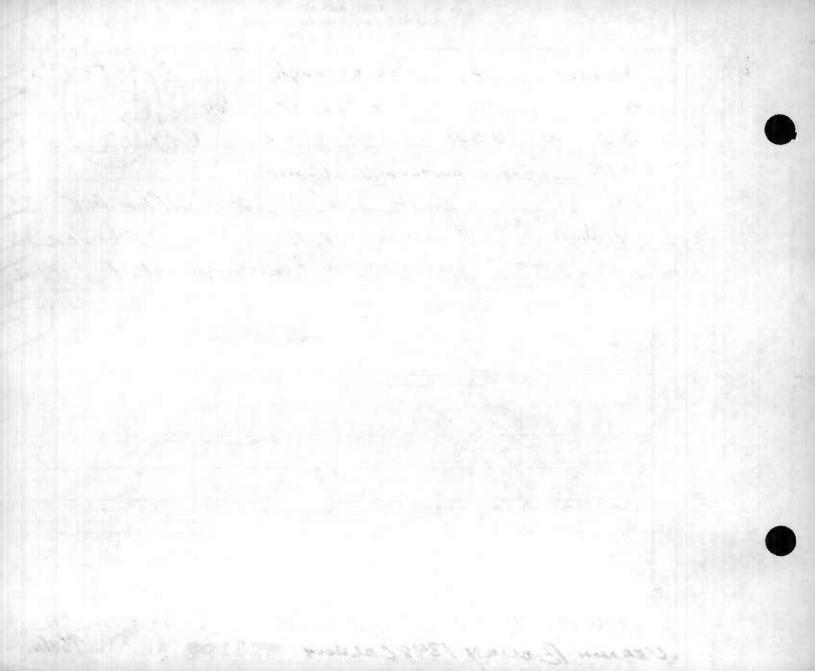
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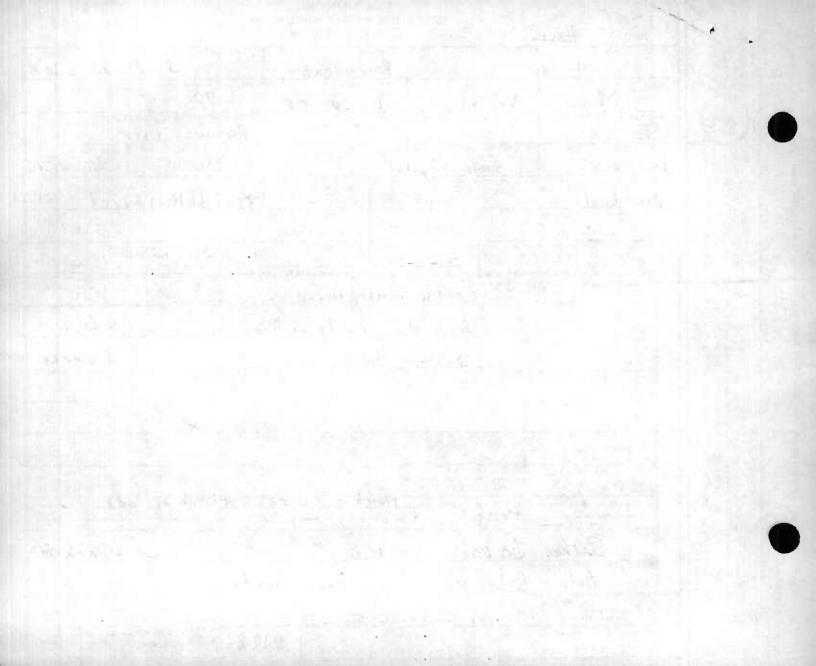
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O	CERTIFICATION	NA DAYE OF ODERATION	In Company					
L REC	FICA	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED F DEATH?
VITAL RI N: The lo sysicion. cote hos onsit per Hygiene Hygiene	E					YES NO	YES 🗌	NO 🗌
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ON OF PRINCIAL And	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19				
1510 PHY trendi tre bus the bus and M	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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RECTO red for ppt. of h		sow the deceased alive on above, (1) (we) (did) (did no	ot view the body ofter death	. 19 <u></u>	nd that in (my) (our) opinion o	deoth occurred on the do	ote and hour and from the co	uses stated
OR A OR A ORE Oched		226. SIGNATURE			DEGREE	/	22c. DATE SI	GNED
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5 5 5 % W		URIAL, CREMATION, REMOVAL	23b. DA/TE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	
548P		BURIAL	14/3/82	KING	Hem PK	CITY OR LOWN	dalls bruk	H
DHMH - 16 50M 1/81	24 F	INERAL DIRECTOR		/	25a. DATE	REC'D. BY REGISTRAR	256 REGISTRAN SIGNAT	N/
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7401 Belair Road

(VRA 15, 4)

Lassahn Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR - ST

- STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N	10.		
ECEASED NAME PE OR PRINT)	FIRST Kurt			Rosez.	in			DAY YEAR	26 HOUR 1:45 AM
Male		4. RACE White		5 DATE C	OF BIRTH 30, DAY 1916 EAR	6 AGE (IN YEARS LAST BI	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
BIRTHPLACE (STATE OR COUNTRY) Austria		II S. A.			NEVER MARRIED DIVORCED	Baltimore City Or COUNTY OF DEATH Baltimore City			
Baltimore		1 5600	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVES TABLEST ADDRESS AVE) 5600 Fair Oaks Ave			SETESTICATION 126 KIND OF BUSINESS OR INDUSTRY			
JAL RESIDENCE (IF NUR STATE aryland	136 COUP		GIVE RESIDENCE BEFORE LIC CITY OR TOWN Baltimor		134 INSIDE CITY LIMITS?	130 5600 APFIL	: Oaks	a Ave	
ATHER'S NAME FIRST Franz		MIDDLE	Rosezin		IS MOTHER'S MAIDEN NAME EMINA	WE	Bez	zzicka 1AS	т
WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	213-38-		Mrs Emmy Ro	sezin		ame	
18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	ly one couse per D BY: 'E CAUSE (o)	lipetorioi, (b) ono	sta	he Care	holus	,	BETWEEN	MATE INTERVAL DNSET AND DEATH
Conditions, if ony gove rise to im couse to, stati underlying couse	which mediate	DUE TO, OF	AS A CONSEQUE		to brain			3 44	seetle.
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CERTIFICATION

MEDICAL

DECEA TYPE OR P 3. SEX

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21a LIFETHER NOTIFY MEDICAL EXAMINERS

21d INJURY OCCURRED

P.M 21e. PLACE OF INJURY

19 (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

ATTENDING / MEDICAL

CITY OR TOWN

COUNTY STATE

ILLIAN'S NAME | TYPE OF PRINT)

NOT WHILE

Hans J Koetter M.D.

22e ADDRESS

DIRECTOR PHYSICIAN

DEGREE

Towson, Maryland 7600 Osler Dr

(SPECIFY) Cremation 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL 236 DATE 3/10/82

22a.1 certify that (I) (this hospital) attended the deceased from

sow the deceased alive on above. (I) (we) (did) (did not) view the body after death.

231 NAME OF CEMETERY OR CREMATORY Greenmount

23d LOCATION CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

Baltimore, Maryland

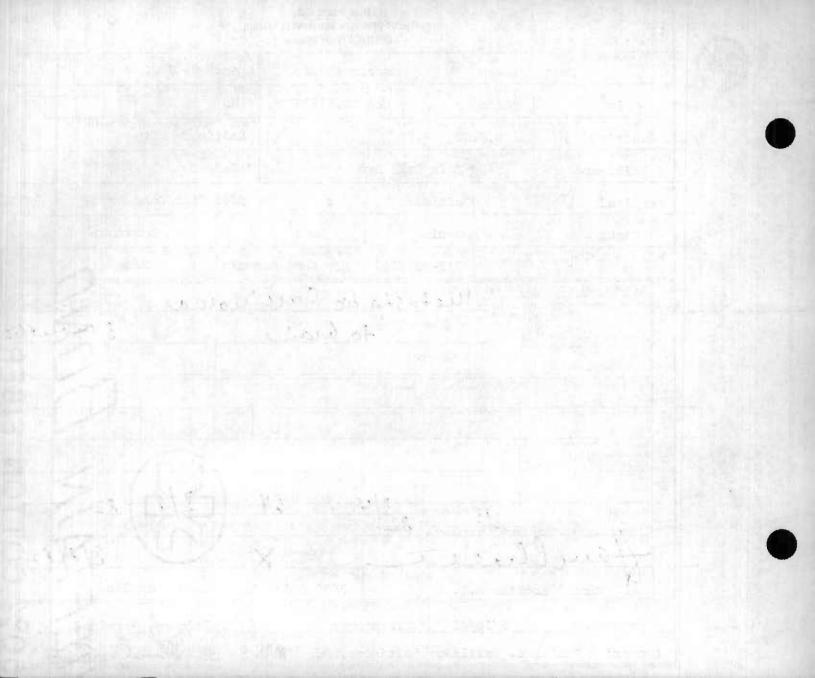
Leonard J Ruck Inc. Raiking Baltimore, Md 250 DATE REC'D. MAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

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FUNERAL DIRECTOR

ATTENDING



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) Margaret ALICE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) F LINDER 24 HR MONTH OAY 95 886 70. BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Missouri U.S.A. WIDOWED X Baltimore City DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore eseur Home Teacher Education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b/COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Maryland Phoenix 2501 Garsden Ct. NO Z 21180 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Willian Harrison Dale Mary Jane McGowan 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST 487-50-0367 Alice R. Isaacs (Daughter) Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHERS IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 110 CERTIFICATION 190 DATE OF OP WATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIX YES NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED ?1e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (this haspital) appended the decomed from March and that in (my) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an above, (1) (5 e) (did) (du not) vi DEGRE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSIC 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFY) Cremation 3/4/1982 Green Mount Crematory Baltimore Maryland 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

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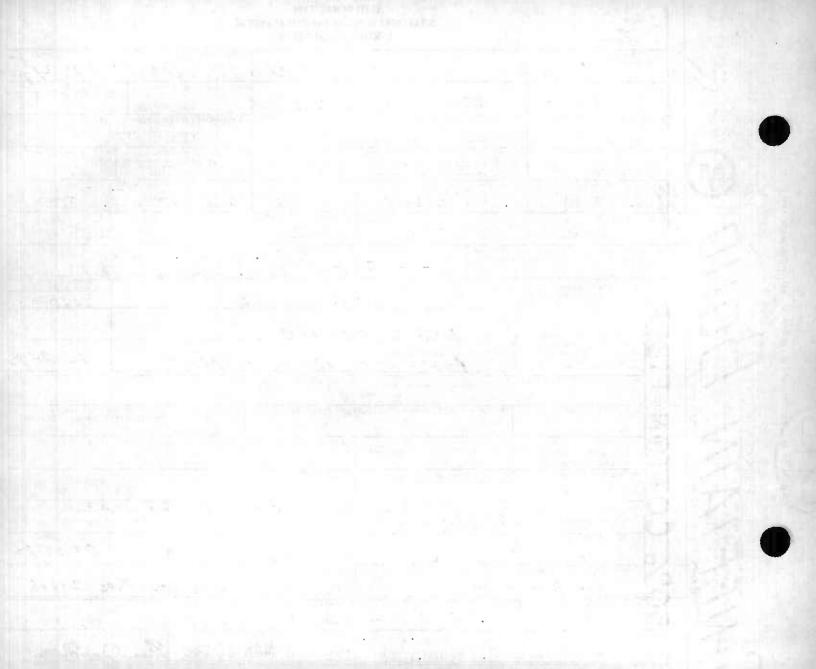
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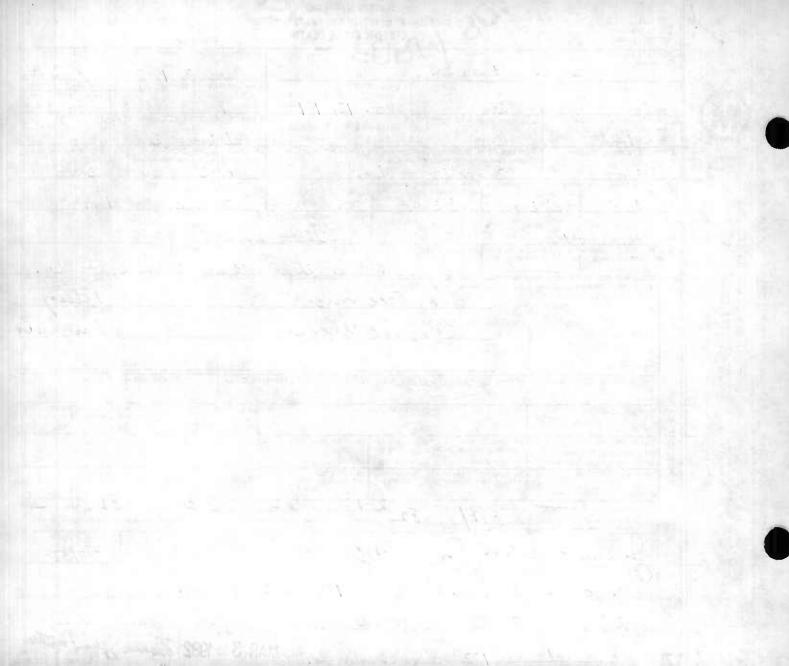
Walter Brooks Bradley Inc. Balto., Md. 21222

MAR 9 1988 F LE TON TON THE STATE OF THE STA

a .	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 4 5 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
1 712	1. DECEASED NAME FIRST (TYPE OR PRINT)	4 Re	THSTEIN	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR ST				
ector, po	I SEX FEMALE		TE OF BIRTH ONTH 25, 1895	6 AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN			
Mercel day	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		RRIED NEVER MARRIED DOWED XXX DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE CI	TY MD.			
to Carrier	MARYLAND	11. NAME OF HOSPITAL, NURSING HOME IN THE STREET ADDRESS LEVINDALE HEBR	ME OR OTHER INSTITUTION EW HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	AT HOME			
AND 212	MARYLAND BA	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIBLY UNITY LTO. BALTIMORE	YES XXXX	3528 LANGREHR	PT. 2-D RD. 21207			
MARYL ompletel	14. FATHER'S NAME FIRST SAMUEL	FOOKSMAN	15. MOTHER'S MAIDEN NA	WIDDIE	SCHERR			
BALTIMORE, cate be execuysticon and city ppers. Pages 1 val.	160. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (1F YES, G	INE WAR OR DATES) 166. SOCIAL SECURITY N 213-46-206	7	. ALBERT W. BABRO DR. BURBANK, CA	91504			
ST., BAL:	PART I, DEATH WAS CAUS	only one couse per line for (a), (b), and (c) SED BY: ATE CAUSE (a) AWTE R	ENAL FAILM	PE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
he deoth ce he attending emove corb matian, or r troumatic	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE (FAILURE					
201 W. Ples that the hed by the please removal, creminal, creminal, contact in the control of th	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (YOCALDIAL		10 DAYS			
		CONDITIONS CONTRIBUTING TO DEATH			VEN IN PART 1(6) S, WERE FINDINGS USED			
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TO HOSPITA retained by TO FUNERA should be d with the Sto	22d, PHYSICIAN'S NAME (TYPE	V-WIN		SEMATRE GIR 1	SAL 21215			
2000 BP	23a. BURIAL, CREMATION, REMOVA	MAR.28,1982 HEBF	OF CEMETERY OR CREMATORY REW YOUNG MEN	BALTIMORE	COUNTY STATE MARYLAND			
DHMH - 16 50M 1/76 (VR A 15 (4))	6010 REISTERST	LEVINSON & BROS., IN OWN RD. BALTO., MD	21215 ZSa. DA	AR 30 1982 Roman	A Quantitation			



1	1	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 0 5 7 9 1						
	L	REGISTRAR CEASED NAME FIRST	WIDD/E	CERTIFICATE OF DEATH	REG. NO	ONTH DAY YEAR	Tu wana		
* 05		COR BOILTS	Rottman, Sr.	LASI	76. DATE OF DEATH		7b. HOUR		
A 84					March 3,	1982	2 AM		
1 27	3 SE	X	4 RACE 5 DATE OF BIRTH MONTH DAY YEAR		6 AGE JIN YEARS LAST BIRTH	MONTHS DAYS			
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4 4 4	10 0	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS)	17R USUAL OCCUPATION ITYPE OF WORK FOR MOST OF		OF BUSINESS OR		
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mple nd 2		Joseph Rottmar		1.11.	Manstauller		.431		
d con		MAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRES	S			
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lave lav	₹ ¥	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	700 AUTOPSY?	706. IF YES, WERE FIND	INGS USED		
AN: The lan.	분	_			- 244	IN CERTIFYING CAUSE	ES OF DEATH?		
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by the by the ERAL I		PHYSICIAN DIRECTOR PHYSICIAN 3/3/82							
OSP Sed by NEI NEI Sed by NEI		278 PHYSICIAN'S NAME ITYPE O	R PRINT)	77e ADDRESS					
TO HOSPITAL retained by the TO FUNERAL should be detac with the State		Dr. John P.	Urlock, Jr. MD	1227 Wash	ington Blvd.				
F 5 F € § 5	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	734 LOCATION CITY OF TOWN	COUNTY	STATE		
10 2BP	1	burial	3/6/82	leadouridge (emeter	7)	11 1 M	uryland		
DHAM 10 0011	24. F	UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR		ATURE -Their		
DHMH-16 25M (VRA 15, 4) 1/79	1	mbrose June nal.		4 - S - 1 N	MAR 3 1982	Coones Jan	M WALLAND		
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FUNERAL DIRECTOR:

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FOR - STATE REGISTRAR DECEASED NAME

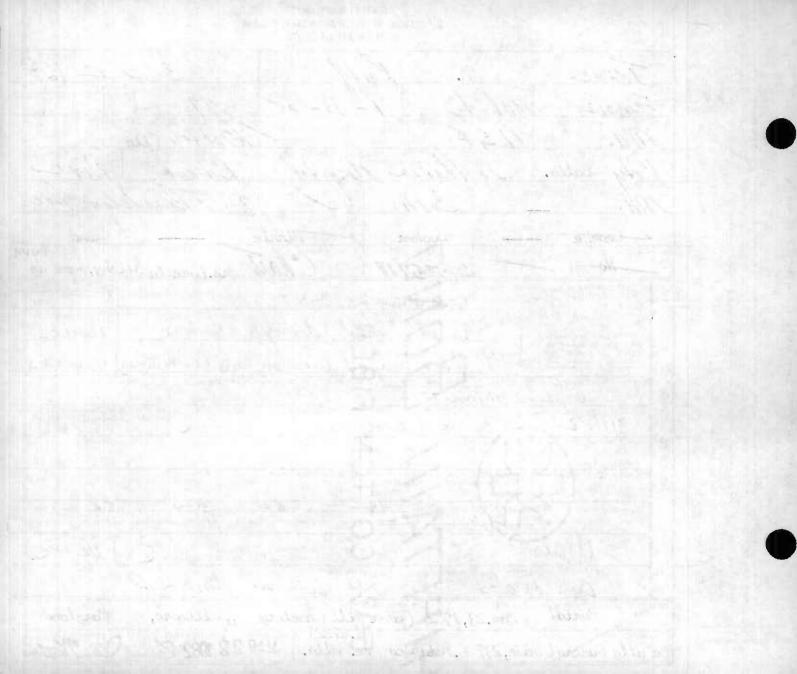
To BIRTHPLACE

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THER INSTITUTION Y	134. CITY R TOW		130 NSIDE CITY LIMITS	130 STRE	T ADDRESS	reale	clyn.	Duc.
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	OF INJURY .M. MONTH DAY	Y YEAR	21c HOW INJURY OCC	CURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PAI	RI I OR PART 2)	
21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
3/1	he deceased from	3/1	d that in (my) (our) apin	ion death occur	3/20		ond from the co	not (I) (we) los
iew the body	ofter death.		DEGREE				22c DATES	
1.			ATTENDING PHYSICIAN			F IAN 🔽	3/201	182
ieles			22e ADDRESS	on 1.	LOIPI+	. 0	15,144,5	
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Mar. 2		edan	METERY OR CREMATO	ry 236. LO	CATION	ne,	couMaryl	andiate
225	C ADDRESS	111	2.2122) 25a.	DATE REC'D. BY	REGISTRAR	25b. REGISTR	AP'S SIGNATU	RE

Balto. ENCE IN MUSING HOME OR C 136 COUN 14 FATHER'S NAME Teorne 160 WAS DECEASED EVER IN U.S. ARM (IF YES, GIVE 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CO CERTIFICATION 19a. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF DEAT MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE 22a. I certify that (I) (this hospital sow the deceosed plive on obove, (I) (we) (did) (did not) 226. SIGNATUR 22d PHYSICIAN'S NAME ETYPE OR 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR Tully Funeral Home, 237 E. Parapsco Ave. Balto. MAR 22 1982 Chances Jan / Marthen



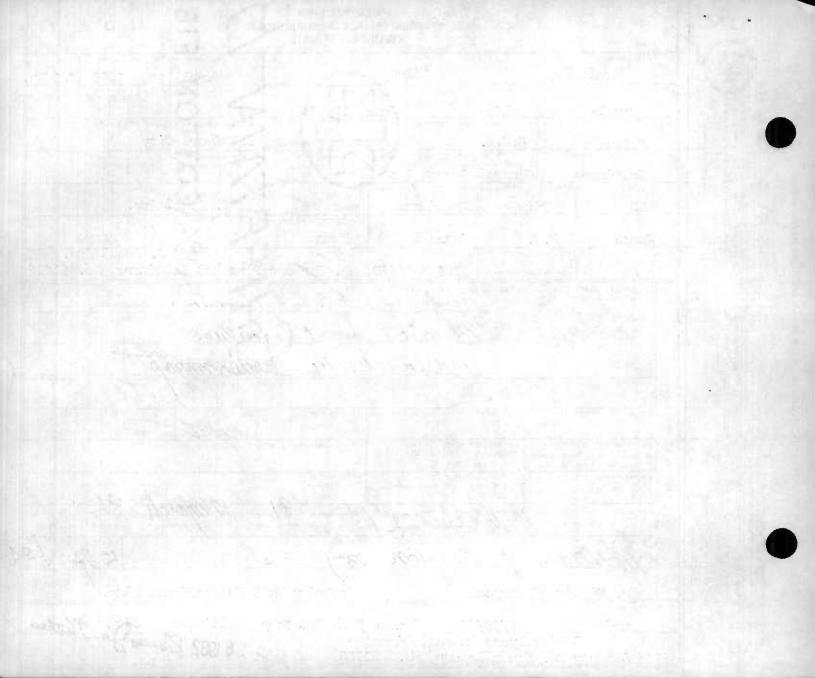
DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

K		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO).		
1		CEASED NAME FIRST	N	AJOOLE	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Maud		Rupp		March	12.	1982	6:15 pm
	3 SEX	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
		female	white	Jun		94	YRS	MONTHS DAYS	HOURS MIN.
,		RTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY? 8		9 BALTIMORE CITY OF	1110	Y OF DEATH	
0		De Laware	U.S.A.	MARRIE	ED NEVER MARRIED DIVORCED	Baltimore			
	10 CI	TY OR TOWN OF DEATH		IOSPITAL, NURSING HOME		120 USUAL OCCUPATION		17h KIND O	F BUSINESS OR
0		Baltimore	(IF NOT IN SUCH	German Aged		TTYPE OF WORK FOR MOST OF		FE) INDUSTRY	DOSII VESS OK
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	13a S	MD 13b C	OUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 22 S. Atho	7 122		
-	14 FA	THER'S NAME	City	Baltimore	YES W NO 1		L A VE	3.	
7		FIRST	MIDOLE	C LAST 11	FIRST	WIODIE		TTours	1
4			R.C.	Gorrell	Emma			Harvey	
		VAS DECEASED EVER IN U.S.	S. GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT			Athol At	
		No		212-03-3448D	Mr. Herbert	Stuenkel Ba	iltim	ore, Md.	21229
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one couse per	line for (a), (b), and (c)	. /	-16		BETWEEN	MATE INTERVAL
Н			USED BY DIATE CAUSE (o)/	Soute Me	art Arrhy	Themia			
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		underlying couse lost	L DUE TO, OK	ASA CONSEQUENCE OF	Coration A	endiamen	sol	Ru	
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CAINE	JON GA	HAT IN PART 150	
	CERTIFICATION						0	/	
7	CAT	190 DATE OF OPERATION	19b. COND11	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
<	E					YES NOE		FYING CAUSES	NO T
7	E	210. ACCIDENT WAS UNDERLYING	head commercial con-		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 I	PART 1 OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF	DEATH	A. MONTH DAY YEAR A. 19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	211 LOCATION				
	ME	WHILE NOT WHILE D	(AT HOME STRE	ET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	IN A	COUNTY	STATE
		220.1 certify that (1) (this he	proital) attacked the	adama de	01 01	12 Mm	ich	82	
		sow the deceased alive	00 12 1111	11811 10 (3) · d	nd that in (my) (our) apinion	death accurred at the dat	te and ha	u and from the	hot (I) (we) lost
		obove, (I) (we) (did) (did) 22b. SIGNATURE	d not view the body o	iffer degth.	DEGREE	drown occorred or the dol	e ond noo		
	-	Mal Illian	- 1	Brusan	ATTENDING	MEDICAL STAFF		IN DATE	120010
-	- 1	11/1446	m 1.	Wysort	PHYSICIAN	DIRECTOR PHYSICI		10/19	arch 60
		224 PHYSICIAN'S NAME IT	1		22e ADDRESS			. /	
		Dr. William				ll Professio	mal i	Bldg.	
		URIAL, CREMATION, REMOV	VAL 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION		colonia	35419
		Burial	3/16/	82 Loudon	Park Cemeter	y Baltimore) (Cotto o	Willen
	24 FU	NERAL DIRECTOR Lord		Funeral Direc	tors 250. DA	PERECO BY REGISTEAR TO	PUREGIS	B THE STATE OF THE	INE
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M.F. Sadowski & Sons, 1808 Eastern Ave. 21231

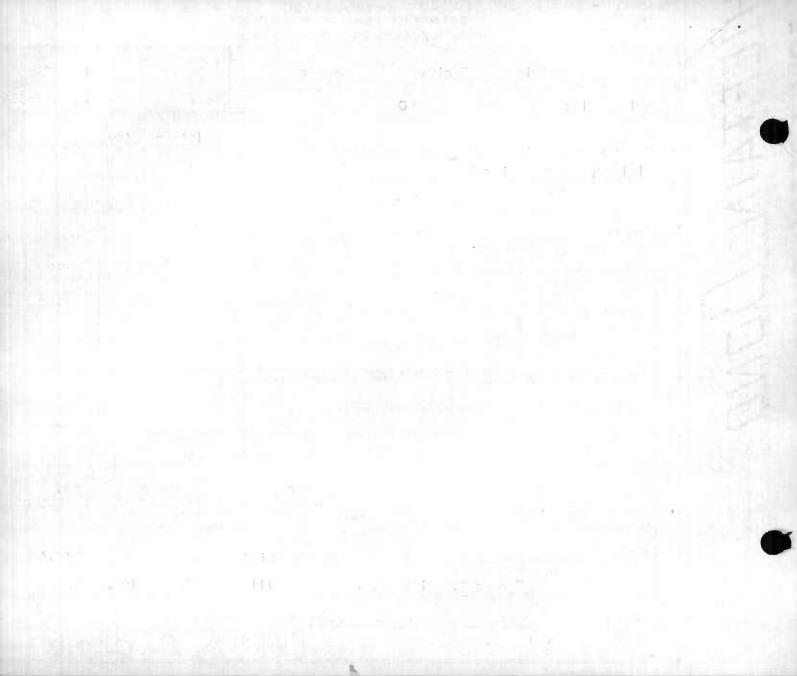
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTE ANNE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR Hetired. U.S. Corps of Ingineers. 13. STREET ADDRESS 128 N.Belnord Avenue 21224 Dekowski Mr. William E. Ruxton, 13023 Trumbull Drive Upper Marlboro, Maryland 20772 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIANT Burial March 24,1982 St. Stanislaus Cemetery Baltimore. 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	(Stan		REGISTRAR		MEI		EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	rH	REG. N	10.			
			CEASED NAME			WIDDLE			LAST		2	o. DATE K	NOWN [MONTH	DAY	YEAR	26 HOUR
	对关业是正			Esth	ner			S	acks		_ 1	DEATH	MATED [3	8	1982	_ M
4	2000年	3. SE	(4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		IF UNDER		C. DATE	CED	MONTH	DAY	YEAR	2d HOUR 8:25
	SY SUR		Female	White	JUNE 27	1902	79 YR	S			1000	DEAD		3	8	1982	D M
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	NECESSARY, FUNERAL DIR 5 FOR YOUR W PRESTON		IRGINIA	1	USA			WIDOW	ED 🗆	DIVORC	ED 🗆	Balt	Imore	City	/.		MD
	SE S	10. C	ITY OR TOWN C	OF DEATH	11. NAME OF HOS			OR OTH	ER INSTITUT	TION	12a. USUA	AL OCCUP.	ATION (TY		12b. KII	ND OF BU	SINESS
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21201	A AND A SECOND		MARYLAND		IY	BAL	CIMORE		13d. INSIDE CI	NO []	301	McME(CHEN .	ST.	#2	21217	
. 9	2.5. AL		ATHER'S NAME						15. MOTHE	R'S MAIDE							
E, A	ECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA BY IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO AL EXAMINER ALONG WITH FORM PM 3. RETAIN PA URIAL -TRANSIT PERMIT, PAGES I AND 2 SHOULD BE IND MENTAL HYGIENE, DIVISION OF MITAL RECORPS.,		JACOE	3	S.	SA	CKS		FI	YETT	'A	MIL	DDLE		SUS	SSMAN	
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8	MITH OIL	=		DEATH /Enter on	ly ane couse per line				PAR	KWAY,	APT.	4K1	BA	LTO.		212	INTERVAL AND DEATH
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PRESTON	EAC TANK	/		s, if any, which	1												
× .	AND	-		to immediate	(b)	AS A CON	ISEQUENCE C	\E									
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLE BALTIMORE, MARYLAND, 2	23 ₀ . B	URIAL CREMAT	ION, REMOVAL 2					R CREMATOR		23d LOCATION			
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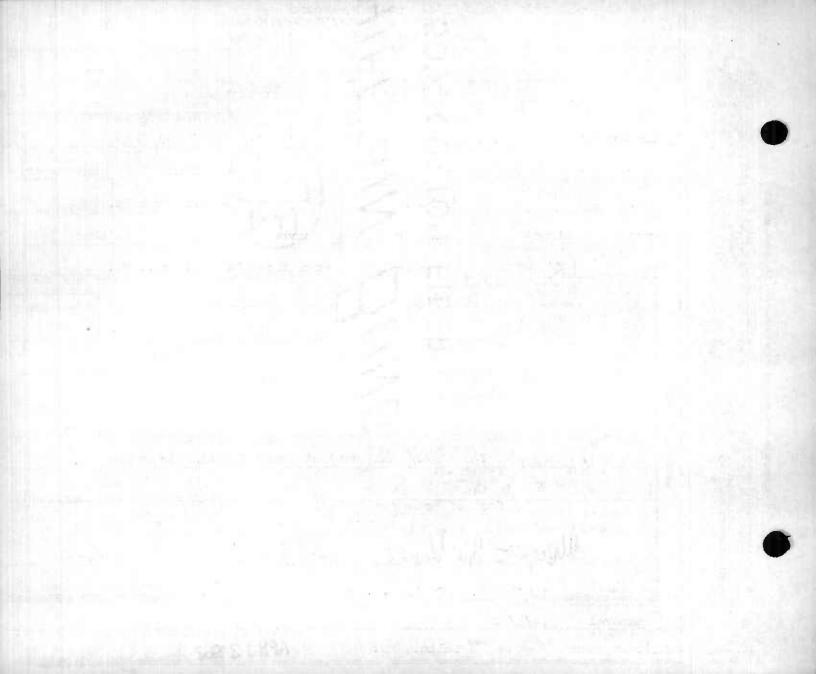
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

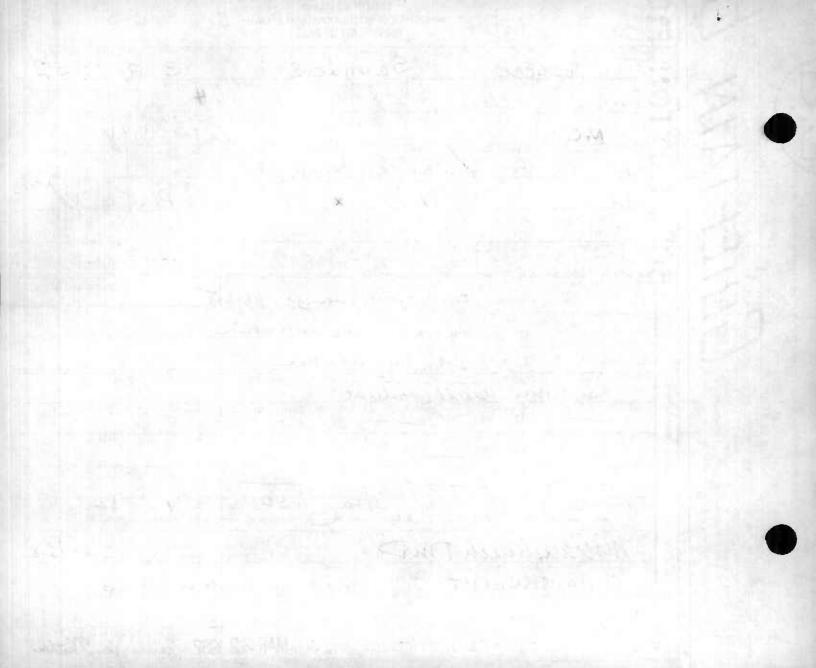
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3. SEX	ale White		6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR	2d HOUR 8:17			
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	THER'S NAME		ALIMERE		S MAIDEN NAME		CAICA	FIVER	-			
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Téa. W	AS DECEASED EVER IN U.S. ARA	MED FORCES? 16b.	SOCIAL SECURITY N			ADDRE	SS.					
(YES	S. NO, OR UNKNOWN) IF YES, GIVE	WAR OR DATES)	71-34-53		Canal	3/197	MSIRE					
F	18 CAUSE OF DEATH (Enter on	y one cause per line to -/-	10 01	TUNING	J114631F	R MUSKEG	MN, PU	APPROXIMAT BETWEEN ONSE	E INTERVAL			
	PART I DEATH WAS CAUSED Conditions, if any, which gove rise to immediate couse (a) stoting the underlying couse last.	DUE TO, OR AS A	rioscierot Consequence of Consequence of	ic cardio	vascular	disease						
	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)ONTRIBUTING TO DEATH BUT NOT	TRELATED TO THE TERMINA	. DISEASE OR CONDITION G	IVEN IN PART 1 (a),							
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I I								YES D	NO 🗆			
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		RY NTH DAY YEAR 19	2Tc. HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PA	ART 2)				
l à l	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ		RIF LOCATION STREET		CITY OR TOWN	co	DUNTY	STATE			
E (220. I certify that I took charg death resulted from: Natur ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	nn M. Dixon,	M.D.	Homicide TITLE (SPE A.D. ASS IS	cify) tant_med	CALEXAMINER	ond in my op), DATE SIGNE Balto	3/2	25/82			
230. BUI	RIAL, CREMATION, REMOVAL 2	3/20/00	SUALRISE ME	MORIAL CAR	Y 23d. LC CITY	OCATION ORTOWN	COU Adverted	4-1	TATE			
	NERAL DIRECTOR	JA HOR			DATE REC'D. BY		MUSKE	SIGNATURE _	CHILGAN			

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STATE OF MARYLAND



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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAM	E Ar	nn M. Dix	on, M.D.		ADDRESS 111		St., Balt			1201	
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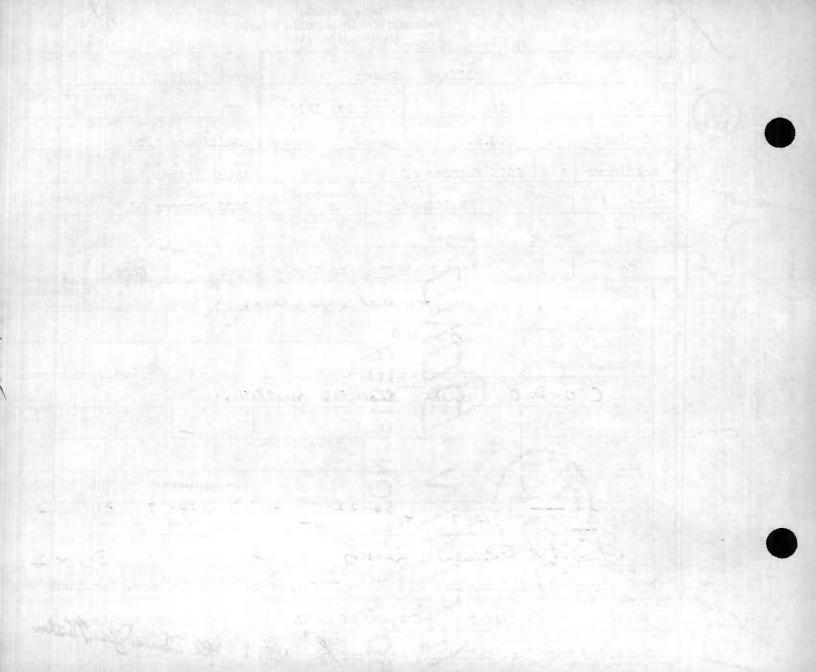
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DHMH - 16 50M 1/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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10	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
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525		STATE 136 COUR	1TY	13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
9		ATHER'S NAME		Baltimo	re	YES X NO	2025 Swan	sea Rd		
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300		John Bartle		Sawyer		Lettie	Rebecca		Waterfie	21d
dico		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDRI	SS		
ě ,		No	t was on Daies;	231-10-	9527	Mrs Angela :	Sawuer	Sa	me	
÷ +		18 CAUSE OF DEATH (Enter or	ly one couse ner	line for (n) (h) no	nd (c))					ATE INTERVAL
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ar of		underlying cause lost	(c)_							
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Nan-		Strand .	1. Sole	minu	An M	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗆	3-1	-82
X .	345	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)		V	22e ADDRESS	J DIRECTOR TITISK	1017	10,	0 4
MPORTANT	. 1	Frank S F	almisan	o Jr M.	D.	5122 Harfo	ord Rd Balt	imore	, Marula	and
MA	22 6		_							
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1/81		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAP	REGISTR	AR FRANKIU	The same of the sa
		Leonard J Ruck	Inc. Ba	ltimore,	Mary	land MA	R 1 1982	11-0	U	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN XX 25 HOUR (TYPE OR PRINT) OF ESTI-DOMENICO 3-25-82 DEATH MATED SCARAMUCCIA 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MOHORE LAST BIRTHDAY) YEAR PRONOUNCED male white 1907 DEAD 3-25-82 5. 74 Nov. 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Maryland USA WIDOWEDXX DIVORCED Baltimore City 2, AND 3 TO THE H 3. RETAIN PAGE SHOULD BE FILED AL, RECORDS, 201 IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Meat Packer Wholesale Baltimore 600 Harding Place USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 600 Harding Place Md Baltimore YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2 DIVISION OF WITH Mariano Scaramuccia EAST Paolina Senatro 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS B. C. S WITH FOR T. PAGES 1 17. INFORMANT 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Priscilla Dew 3425 W. Benner Dr. Norfolk 220 03 3795 ne APPROXIMATE TO THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate OR cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying couse last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (g. CERTIFICATION 190 DATE OF OPERATION USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURIAL, YES NOXX 8 DEPARTMENT PRIOR TO BU 71a FXTERNAL CAUSE WAS ICATE, WRITING THE WC FORWARDED TO THE TOR: PAGE 3 SHOULD B 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted from Natural causes Homicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 3-26-82 Assistant SIGNATURE _MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATOR WoodTawn Md. Balto. Burial Woodlawn Cometer 756. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Burgee Funeral Home 3631 Falls Road 21211 (VR A 15 ME (5) MAND O.O. 15M 2/80

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FOR

I. DECEASED NAME

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH SCHAB

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 6 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER I YEAR

2b HOUR

BALTIMORE CITY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12b KIND OF BUSINESS OR INDUSTRY CHEMICAL

1329 Delvale Ave. 21222

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH sexual minuss

unk

IN CERTIFYING CAUSES OF DEATH?

NO F

COUNTY STATE

20C

22c. DATE SIGNED 3/2/57

Baltimore City Hospitals

George A. Weber & Sons Inc. 705 S. Ann St. 21231

Joseph Committee William Commence of the conference of the confer

	1			STAT	E OF MARYLAND			
	1	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HY	GIENE 😘 🚣	0 5	1 0 1
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12 st		ATHER'S NAME	MIDDLE LA	161	15. MOTHER'S MAIDEN NA	AME		
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prio any	CAT	190. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO		70a AUTOPSY?	206. IF YES, WERE FIND!	NGS USED
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s the	₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE, FARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
se o se o mor		22a I certify that (I) (this hospi	tol) ottended the deceased	from	3-7- 10 82	- to 3-	28 1982	that (I) (we) lost
for u		sow the deceosed olive on	3-28		nd that in (my) (our) opinion			that (I) (we) lost
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	230.	SPBURIAL SPENDING REMOVAL	3/31/82	Meadow	EMETERY OR CREMATORY	23d. LOCATION	Howard, Mary	land STATE
		UNERAL DIRECTOR	4, 3-, 5-	110000111		The state of the s	256. REDISTRAR'S STONAT	
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

FOR

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(VRA 15. 4)

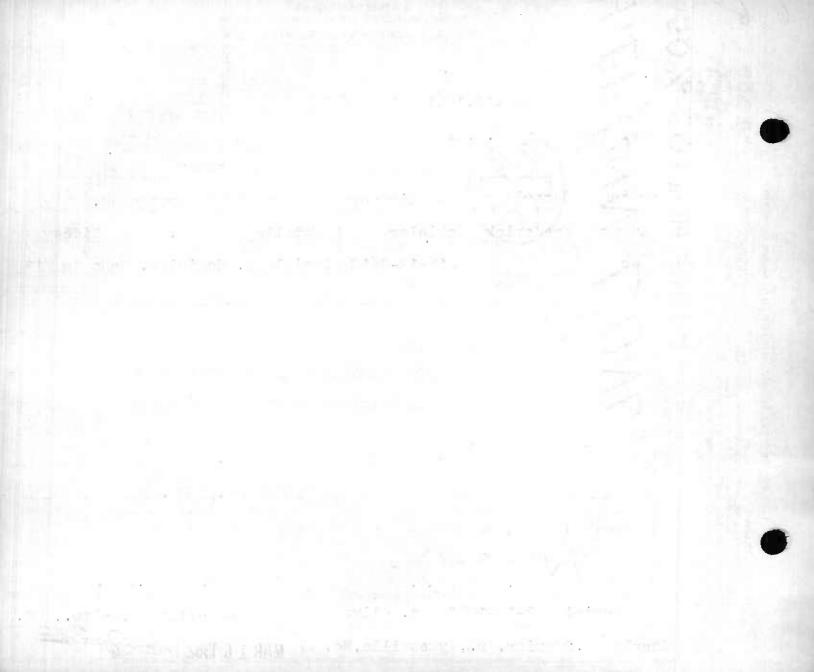
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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August Frederick Schisler Estelle N. Hidey August Frederick Schisler Estelle N. Hidey August Frederick Schisler International Schizler	21201 AND 3 RETAIN HOULD	Name of the last o	AL RESIDENCE (IEIN NUM	ME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE ADMISSION)	r 13d. INSIDE CITY LIMITS?		on Rd.
August Frederick Schisler Estelle N. Hidey Name	MD.	14. F.	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAI	DEN NAME	
TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 3-13-82 EXAMINER'S NAME OF CEMETERY OF CREMATORY ADDRESS 134 LOCATION [SPECIFY] BURIAL, CREMATION, REMOVAL 236 DATE 236 BURIAL, CREMATION, REMOVAL 236 DATE 3-17-1982 Mt. Olive Inspection	SA SES A RE	L					Le N.	Hidey
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Durial)-17-1902 Mt. Ulive Randalistown Raito Md	AAM RECTIFIED RECTIFIED RECTIFIED		death resulted from:	Natural course	Accident, Suicide		· Undetermined manner,	
Durial)-17-1902 Mt. Ulive Randalistown Raito Md	MAN, WAN,		ACTUAL SIGNATURE	Jul d	M		ant MEDICAL EVANINED	DATE 3-13-82
Durial)-17-1902 Mt. Ulive Randalistown Balto Md	SET TO SEE TO SE		1	1	10			
Durial)-17-1902 Mt. Ulive Randalistown Raito Md	A COLOR	1	(TYPE OR PRINT)	The state of the s		ADDRESS111		
24 SUNSPAL DIDECTOR		23a.B	URIAL, CREMATION, REM SPECIFY) Buria	1 3-17-1	982 Mt. Oli	RY OR CREMATORY Ve	Randallstow	vn . Balto "Md .
Date REC D. BT REGISTRAR TO GONT THE COM		24 F	UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 256 85G	ISTRAP SSIGNATURE TO
(VRAISME(S)) Charles W. Burrier, Jr., Sykesville, Md. MAR 1 6 198/		C	härles W.I	Burrier,Jr	Sykesville	,Md. M	AR 1 6 1982 May	m. f.



MPORTANT: If Item 21 is marked at Item 18 shows any injury, or other troumatic event, the medical examiner must be natified by a

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

deoth. Page 4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

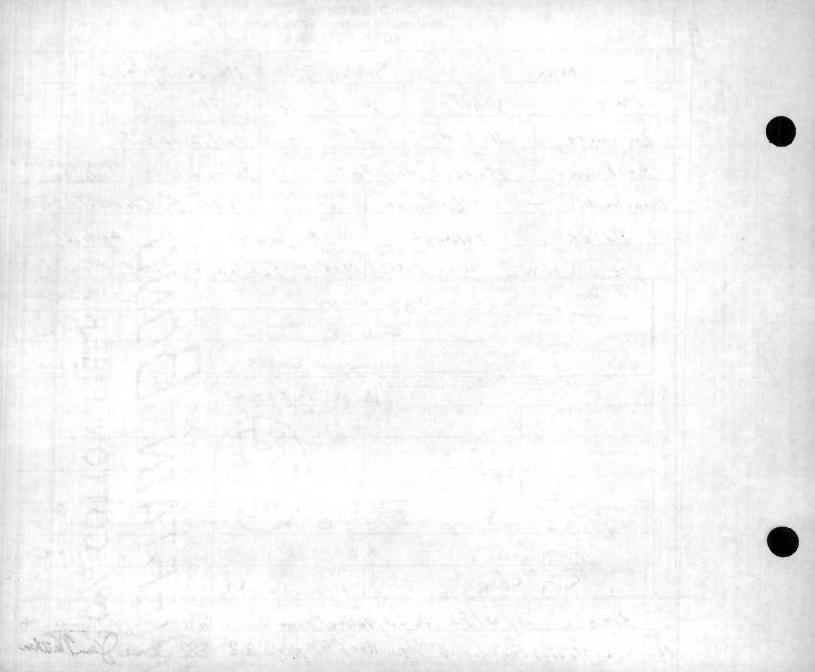
-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO),	
	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
	MAX		Sc	hlauch	MARCH	1,1982	N
3 SEX	Male	4 RACE Whil	5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LY	
7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8,	- /	9 BALTIMORE CITY OF		1
	Bultimoke	21.5.	A MARRIE	D NEVER MARRIED DIVORCED	BAITIMER	- City	AAF
10. ČI	RAITINGAY		PITAL, NURSING HOME COLLINY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) JACKEN	DOF BUSINESS OR
130 S			CITY OR LOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Clemes	751,
14 FA	THERSNAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		
	Peter	Schl	nuch	Eliza	6 0 Th	40	4615
	VAS DECEASED EVER IN U.S. AF	MED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	SS 0	
,,,	Yes W.	WI 21	15-07-3823	MARY M. SC	. hlauch s	-20 E, CI	ement s
	18 CAUSE OF DEATH Enter of	nly one couse per line t	or (a), (b), and (c)		Teal Calubra	APP BETW	ROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (o)	Hypot	men			24 hrs
2	4860	DUE TO, OR AS	A CONSEQUENCE OF			The latest	4 11
	Conditions, if any, which	(b)	Acut	3m r			24 his
	gove rise to immediate couse (b), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	write EAR	28		36 lus.
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERM		ITION GIVEN IN PAR	1(0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M.	URY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART	2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET FA	JURY ACTORY, OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
	220. I certify that (1) this hosp sow the deceased alive are above (1) we) (cha) (did no			nd that in (my) (our) opinion	, , ,	, 17	the couses stated
	174 SIGNATURE PURCH	Spie		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FUZ	11/82
	22d PHYSICIAN'S NAME (TYPE OF THE	Spien		Mercy Lo	4	Tax I A	
	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
1	SPECIFY BURINI	3/4/8	2 Pulmer	VAlley Menerial G	Parded Cockey	svill- BA	Trucke Me
24 FU	INERAL DIRECTOR	1		[25n DA]		Sh REGISTRAP LUCK	

DHMH-16 50M 1/B1 (VRA 15, 4)

etained by the hospital or attending physician.

Charles L. STEVENS FUNERAL Home, Inc. 1501 E. FORT RICHAR 2

Courses Jan letter



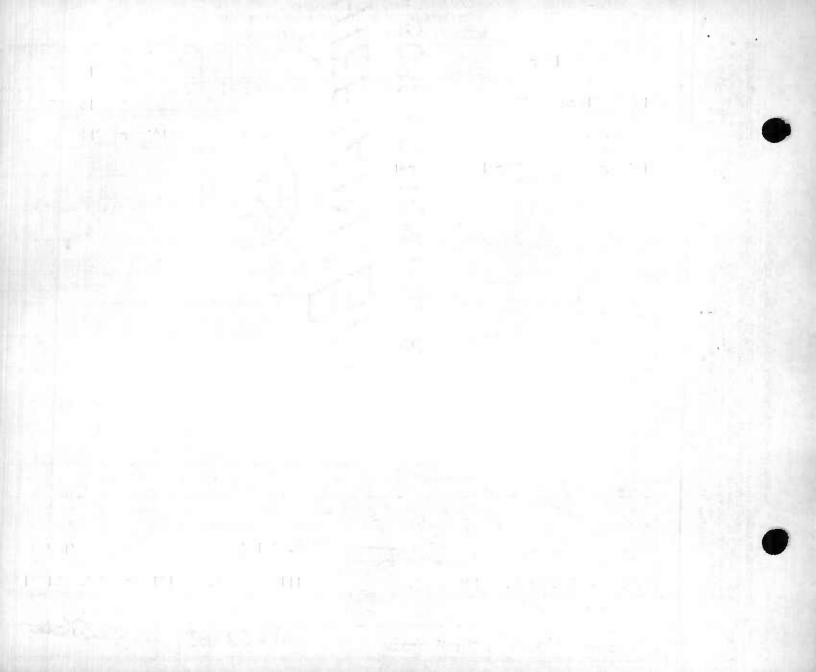
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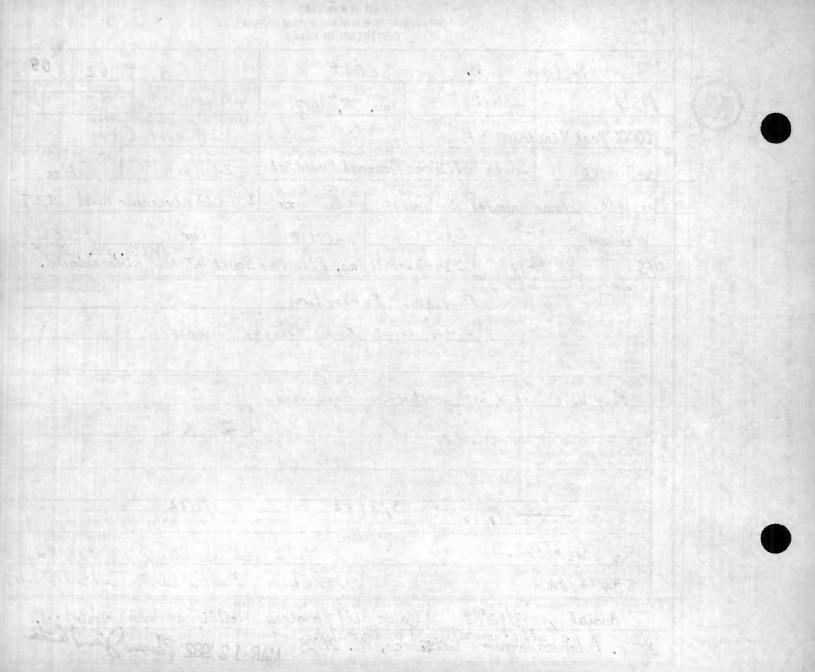
131 ve - 88 co. 11, 1937 F - W. Write areginized resident in the second 3112. ist land. Not ignore decide main according to the control of Arth we II 121 - 1-227 | Marrie I. Jumil | 128 Clare II we with Committed (see 15 1982) Green Would December (selflag) of the . c. ail . ruck, I.c. Heltfore, Paryland | 15 Mer. S. Lie et

Items #	löa-22a Film		OF HEALTH AND A	MENTAL HYGIEN	Self days	06314	4
REGISTRAR 1. DECEASED NA (TYPE OR PRINT)		J.	AINER'S CERTIF Scooter		20. DATE KNOWN OF ESTI-DEATH MATED		HOUR
Male 70. BIRTHPLACE	Black (STATE OR 76	DATE OF BIRTH NORTH 12 5, 1918 63 CITIZEN OF WHAT COUNTRY?	13	FOURS MIN	2c. DATE PRONOUNCED DEAD 9 BALTIMORE CITY O	3 18.19.82	HOUR 8:30 P M
North Ca 10 CITY OR TOW Baltim	rolina //N OF DEATH 11	USA 1. NAME OF HOSPITAL, NURSING F (IF NOT IN SUCH FACILITY, GIVE STREET ADD Mary land Genera	WIDOWED HOME, OR OTHER INSTIT	DIVORCED 120. US	Baltin UAL OCCUPATION (TYPE MOST OF WORKING LIFE)	more City E OF WORK 126 KIND OF BUSINE OR INDUSTRY	MD. ESS
Marylan Marylan	id 131 COUNTY	other institution, give residence before a 13c. CITY OR TOV Baltimor	WN 13d. INSIDE	NO [] 714	REET ADDRESS Reservior	Street	
14. FATHER'S NA FIRST Unkn 160. WAS DECEA	SED EVER IN U.S. ARMEI	D FORCES? 16b. SOCIAL SEC		HER'S MAIDEN NAMI FRST Unkn. RMANT	ADDRESS ADDRESS	LAST	
IYES, NO, OR UNK		237–28–		in Reaves	714 Reservi	or Street	RVAL
gave cause lying a	tions, if any, which rise to immediate (a) stating the <u>undercouse last</u> .	(b) DUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE (c) TRIBUTING TO DEATH BUT NOT RELATED TO TH	NCE OF				
7 IN 19a. DATE	OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED?		20 AUTOPSY?	0 🗆
UNDERLYII CONTRIBL 21d. INJUR	NAL CAUSE WAS NG OR JTING CAUSE OF DEA Y OCCURRED NOT WHILE AT WORK	218. TIME OF INJURY HOUR A.M. MONTH DAY ATH P.M. 1 21e PLACE OF INJURY (ATHO STREET, FACTORY, FARM, ETC.)	YEAR	RY OCCURRED LEWIER	NATURE OF INJURY IN ITEM 18 P		STATE
220. I co death res	ertify that I to Charge of tuited from Network	re remains described above, held causes C. Accident C.	Sylide , Harr	SPECIFY Chief	DICAL EXAMINER	DATE 3/18/82	
EXAMINER (TYPE OR F	MATION, REMOVAL 23b.	D. Smith, M.D,	ADDRESS F CEMETERY OR CREMA LEMORIAL PAR	TORY 123d. LC	St., Baltimo		1
Hi	rial 3/	$^{\prime}23/82$ King M		1 1 1.84	CONTOWN 1 1 -	, Maryland STATE	



		FOR	DEP	STATE OF MARYL ARTMENT OF HEALTH AND		NE G A	0	6 3	1 5
	-	STATE REGISTRAR		CERTIFICATE OF		REG. NO). 		THE.
		CEASED NAME FIRST	MIDDLE	COPT	2	DATE OF DEATH	MONIH DI		2b. HOUR
	3. SE)	ALLE	14. RACE	S DATE OF BIRTH	6	AGE (IN YEARS LAST BIRT	3 8	F UNDER 1 YEAR	IF UNDER 24 HRS
)	1	Tale	white	MONTH DAY	917 YEAR	64 yrs.		ONTHS DAYS	HOURS MIN.
be	BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	IRY7 8	MARRIED . 9	BALTIMORE CITY O		OF DEATH	
0	V	WWW West Ving	THE REAL PROPERTY.	WIDOWED D	NORCED	13altim		-1[Y	N
13	T	Be HIMORE	South Baltimo	one general Ho.		20 USUAL OCCUPATH TYPE OF WORK FOR MOST OF RETIRE		INDUSTRY	f BUSINESS O Iden
35	130 S	AL RESIDENCE (# NURSING YOME OF TATE 134 COU	4 4 - 14	TOWN 13d IN DE	CITY LIMITS?	3. STREET ADDRESS 427 Old Ri	versid	le Road	21 225
20	14 FA	THER'S NAME	MIDDLE SCOT		S MAIDEN NAME	Made		AL	LEN.
2	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL 234-	SECURITY NO. 17 INFORM		Scott 427	1142	versid	21,225 e Rd.
	CERTIFICATION	M	DUE TO, OR AS A CONS CONDITIONS CONTRIBUTING Add a Left ve	EQUENCE OF	rysm.	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
0		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	THOUSE A ME MONITUR	DAY YEAR 21c HOW I	NJURY OCCURRE	YES NOW	YES		NO []
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE AT WORK AT WORK		19 211 LOCAT STREET		CITY OR TOW	/N	COUNTY	STATE
			oital) attended the deceased fr		, 19	10 3/8/82	, 1	19	that (I) (we) la
		saw the deceased alive a	3/8/82	19, and that in (my) (our) opinion de	oth occurred on the do	ate and hour	and from the	causes stated
		saw the deceased alive as obove, (1) (we) (did) (did) (did) 22b. SIGNATURE Samayan	at) view the body after death.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F L	ond from the	
		saw the deceased alive a above, (1) (we) (did) (did n 22b, SIGNATURE	at) view the body after death.	DEGREE	ATTENDING PHYSICIAN .	MEDICAL STAP	ian D		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))



DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 💪	06316
SCOTT SCOTT	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 22 7 5 M
Black 5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 94 YRS.	IF UNDER 1 YEAR IF UNDER 2 HRS
EN OF WHAT COUNTRY?	OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNT BALTIMORE CIT 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	Y MD. 12b. KIND OF BUSINESS OR
130 CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2703 Beryl	Ave.
LAST CES? 16b SOCIAL SECURITY NO. ATES	15. MOTHER'S MAIDEN NAME FIRST Annie	ALIDOLE	Hackett
N/A	John Scott	2703 Beryl A	venue
(o) Respiratory	allure		BETWEEN ONSET AND DEATH
TO, OR AS A CONSEQUENCE OF (b) Cet & broydscul	or accident		one month
TO, OR AS A CONSEQUENCE OF			
DNS CONTRIBUTING TO DEATH BUT YENERAL DE DILITA	not related to the term		iven in Part 110.
POOR ORAL' IN	TAKE (Gastrostone		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?

PART 2 OTHER SIGNIFICANT CONDITIONS CO Sepsis 90 DATE OF OPERATION 19b. CONDI

ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M. MONTH DAY

- 82

YEAR

ORAL' INTAKE (Gastres Tony) 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

NO [

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying cause

P.M. 21e. PLACE OF INJURY

21f. LOCATION

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINT

COUNTRY

MD 4 FATHER'S NAME

BALTIMORE

(YES, NO OR UNKNOWN)

No

Female

70. BIRTHPLACE I STATE OF FOREIGN

Va 10 CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 COUNTY

16g WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH | Enter only one cause per PART I. DEATH WAS CAUSED BY

3. SEX

FIRST

ANNIE

4 RACE

76 CITIZEN OF V

NAME OF H

(IF NOT IN SUCH

DUE TO OR

DUE TO, OR

UNION M

MIDDLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (Q)

NOT WHILE

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

CITY OR TOWN

COUNTY

STATE

220.1 certify that (1) (this haspital) ottended the deceased from 226 SIGNATURE

23b DATE

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

23d. LOCATION

and that in (my faur) ppinion death occurred on the date and hour and from the causes stated 3-22-8

230 BURIAL, CREMATION, REMOVAL

22e ADDRESS 20

COUNTY

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

Burial 3/26/82 23¢ NAME OF CEMETERY OR CREMATORY Baltimore Cem

Baltimore

1101 E. North Ave. C. March F/H

DHMH - 16 50M 1/81 (VRA 15, 4)

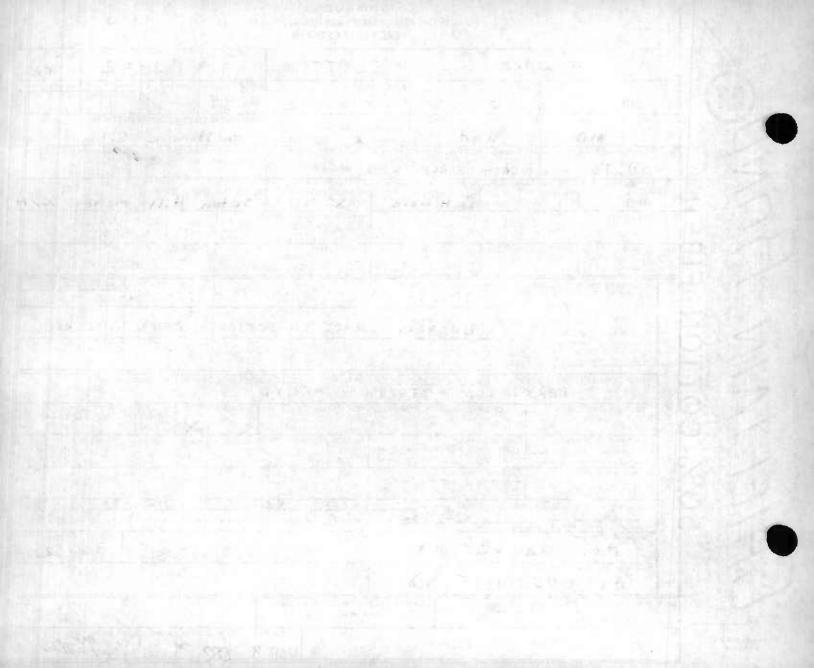
the Paris of the last tradition who were the ASSEMBLY SERVERS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE KNOWNXXX MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) OF ESTI-P. Carroll 3 Scott 1982 4 RACE SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 57 24 YRS Male Black 1982 4 DEAD TE BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City MD WIDOWED DIVORCED , 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, JAL RECORDS, 201 W 5 IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY University Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 782 W. 3a STATE 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? Saratogo St. MD YES K NO [NURS AFTER DEATH. IF A GIVE PAGES 1, 2, A WITH FORM PM 3. R WITH FORM PM 2. R WIT PAGES 1 AND 2 SHG, DIVISION OF VITAL RI 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Thomas' Ruth John Scott 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES. NO. OR UNKNOWN) 216-68-4369 John W. Scott 782 W. Saratogo St. No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ENTAL HYGIENE, I BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple Gunshot Wounds (handgun) DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINER ALL AS A BURIAL - TRANSIT Conditions, if onv. which gave rise to immediate SED AS A BURIAL - TRAI F HEALTH AND MENTA AL, CREMATION, OR R DIVISION OF VITAL RECORDS, 201 W. couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 CERTIFICATION 19a DATE OF OPERATION USED / 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF-TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES XX NO [21a EXTERNAL CAUSE WAS TIME OF INJURY
HOUR XXX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR 3:34 P.M. CONTRIBUTING CAUSE OF DEATH 27 10 82 subject was shot 214 PLACE OF INJURY LATHOME 71d. INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE 851 George St., Baltimore, playground (rear Autopsy XX 22s. I certify that I took charge of the remains described above, held an Inspection Homicide XX death resulted fram: Notural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3-28-82 Assistant SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan. M.D. (TYPE OR PRINT) ADDRESS 236 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY STATE 3/31/82 Mt. Auburn Cem Baltimore MD 74 FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. March F/H VR A15 ME (5)

1.4

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
1		EASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HO		
	TYPE	OR PRINT) HOW	ARD	5	COTT	3/	2 82 11:		
F	I. SEX		4. RACE	S. DATE (6. AGE (IN YEARS LAST BUTHDAY)	MONTHS DAYS HOURS		
		M	B		7 30 92		YRS.		
21		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO			
5	10 (1	Y OR TOWN OF DEATH	U.S.A	1	DR OTHER INSTITUTION	Baltimor	2 City		
9	10 C1	BALTO.		ITY, GIVE STREET AGORESS)	m. Hosp.	TYPE OF WORK FOR MOST OF WOR			
1	USU/ 13a. S	IL RESIDENCE LIF NURSING HOME OF TATE 13b COUN	1TY 13c C	ESIDENCE BEFORE ADMISSION) CITY OR TOWN altimore	136 INSIDE CITY LIMITS?	130. STREET ADDRESS			
-	4. FA	THER'S NAME	10	217,000	15. MOTHER'S MAIDEN NA		11 Manbr		
30			MIDDLE	cott	Georgia	MIDDLE	Matthews		
4	léa V	Andrew (AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	ria ceneus		
1	- D	ES, NO OR UNKNOWN) [IF YES, GIV	E WAR OR DATES) 21	2-09-1674	Emma Johns	son 2030 E.			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line for	or (a), (b), and (c).)	OF PROST	ATE E METAS	APPROXIMATE INT		
			E CAUSE (o)	AREINOMA	OF PROST	ALL CHELLS	14272		
		1870	DUE TO, OR AS	CONSEQUENCE OF	RACT INFE	ection & RE	NAL FAILURE		
		Conditions, if any, which gave rise to immediate	(6)	•	101.0. 21.10	- 1 2010 . 1 152			
		cause (a), stating the underlying cause last.	DUE TO, OR AS A	A CONSEQUENCE OF	41 - 42 7 1				
	NO	PART 2. OTHER SIGNIFICANT		BUTING TO DEATH BUT			N GIVEN IN PART 1(0)		
-	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO			IF YES, WERE FINDINGS US		
1	TIFIC					YES NO.	CERTIFYING CAUSES OF DEA		
a	GE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	URY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 1B PART 1 OR PART 2)		
	CAL	OR CONTRIBUTING [] CAUSE OF DEA	(17)	19					
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE N	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY		
		AT WORK AT WORK			2/20	3	10 01		
		220 I certify that (I) (this hospi saw the deceased alive on	3	12 10 82 0	nd that in (my)(aur) opinion	death occurred on the date or	19, that (I) and hour and from the causes :		
		obove, (I) we (did) (did no			DEGREE		22c. DATE SIGNE		
		obove, (I) wel (did) (did no 22b. SIGNATURE	auralit	TM.b.	ATTENDING	MEDICAL STAFF	1 3/2/8		
		obove, (I) (we (did) (did no	ouvelit	JM-b.		MEDICAL STAFF DIRECTOR PHYSICIAN	1 3/2/8		
1		obove, (I) (well (did) (did no 22b. SIGNATURE A.C. 22d. PHYSICIAN'S NAME (IVPE CO	ouvelit	m.b.	ATTENDING PHYSICIAN [22e ADDRESS	DIRECTOR PHYSICIAN	1 3/2/8		
1		obove, (I) (well (did) (did no 22b. SIGNATURE A.C. 22d. PHYSICIAN'S NAME (IVPE CO	couvelit	m - b.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 234 LOCATION CYPOWNSVI	× 3/2/8		

STATE OF MARYLAND



	100	cem 230 g303 3/20/02 g3 STATE OF MARYLAND	4 4
4.6	1.	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH REG. NO.	3 1 7
			AB 2b. HOUR
o the pe	(IIIr	SAMUEL E. SCADORNE 3-12-8	2
anoy a	3. SE		YEAR IF UNDER 24 HRS
9 e e e e e e e e e e e e e e e e e e e	K	MAIE (0) 7-28-1880 101 YRS.	DAYS HOURS MIN
nerol nerol no 7	E	BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF BEAT	TH MD.
with with ded d	10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCK FACILITY GIVE STREET ADDRESS) 120. USUANOCCUPATION (ITYPE OF YORK FOR NOST OF WORKING LIFE) (TYPE OF YORK FOR NOST OF WORKING LIFE) (TYPE OF YORK FOR NOST OF WORKING LIFE)	IND OF BUSINESS OR
to to EV	15	DALLO, LELE RESERVOIR SI LELIER	21K4
filled found b	130	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 10. STATE 136. COUNTY 137. COUNTY 138. COUNT	R ST
MARYL, mpletely ond 2 st	(14 FA	FATHER'S NAME FIRST AMES MIDDLE SCADORNE IS MOTHER'S MAIDEN NAME WIRST WIRST WIDTLE MIDDLE	LAST
m 5 0		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. D. INFORMANT ADDRESS 1/25, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)	0 57
BALTIMORE, ole be execu- sicion and acopers. Pages 1 vol. 1, the medical		18-09-5788 Mrs. Irence- ephorne lalle	Veserinie
P 0 0 5 9		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
en op h		PART I, DEATH WAS CAUSED BY:	2-3 me.
on series of ser		Marie Court	
0 ± 20.0		Conditions, if any, which (16) Dressure incress of feet suggest	
the decorate of the otter		gave rise to immediate	
★ ♦ ♦ ♦ ♦		underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF general debality, advanced old age	
nec es		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1(a)
2 5 c ± 5 E	CERTIFICATION	pt. was not a sugical candidate - non compos menta	0
bow relow remit.	S	190 DA FOF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS? 206 IF YES, WERE F	
TAL RI The Is cron. re has sist per grene shows		YES NO YES	NO [
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REGISTRAR

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& BIRTHPLACE ISTATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

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SUAL RESIDENCE (IF NO

A FATHER'S NAME

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Singleton Funeral Home

24 FUNERAL DIR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH Virginia SEETS MARCH 10 1982 05:00AN 5. DATE OF BIRTH IF UNDER I YEAR Nov. 28, 1911 White 70 75 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY 126 KIND OF BUSINESS OR INDUSTRY Pept. Clerk (Ret.) JOHNS HOPKINS HOSPITAL 136 CITY OR TOWN Glen Burnie 634 New Jersey Ave. N.E. 13d. INSIDE CITY LIMITS? NOX 15 MOTHER'S MAIDEN NAME Hall1 ADDLE Anna Bûtler

GIEN Burnie, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	VAS DECEASED EVER IN U.S. ARMEI YES, NOONKNOWN) (IF YES, CIVE Y		166 SOCIAL SECURITY NO. 219.10.9372	Mrs. Hazel				3
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED 8	Υ.	line for (o), (b), and (c).	Lonary Agre	٠٤١		APPROXIMATE IN	NTERVAL AND DEATH
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_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME O HOUR A./	M. MONTH DAY YEAR	21¢ HOW INJURY OCCURRE				
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	νN	COUNTY	STATE
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	ENE Ö	REG. NO.	0	Ó	J	2	2
LAST	20. DATE OF		DI HTMC		-	26 HOU	R
SEMONE.		KINGCH	1-10	-190	72	79	2

FOR - STATE REGISTRAR I. DECEASED NAME MIDDLE (TYPE OR PRINT) JAMES RACE IF UNDER 24 HRS 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MALE CAUCASSIAN-75. 18-06 **BALTIMORE CITY OR COUNTY OF DEATH** Ja. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BACTHORE CITY. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SOUTH SALTIMONS Proctor Gamble JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 130 STREET ADDRESS 1452 BATTERY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BARTINON BALTILLON YES NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WILLIAM SEMONE ELIZISBETH medical 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 25-03-0994. SERLOTE (WID) SALLE THELMA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY KENET FAILURE, 174 POTHENTOM, CANDIAL BORFLYTHMA. DUE TO, OR AS A CONSEQUENCE OF (b) Squene HASEUD = ARRHYTHMIA. Conditions, if lony, which gove rise to immediate couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) IFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F shav 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 210. ACCIDENT WAS UNDERLYING 28 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from 82 saw the deceased alive on_ and that in (my) opinion death accurred on the date and hour and from the causes stated obove, (I) well (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING should be deta with the State I PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial edar Hill (emetery Maruland

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24. FUNERAL DIRECTOR Tully Funeral Home, 130 E. Fort Ave. Balto. Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

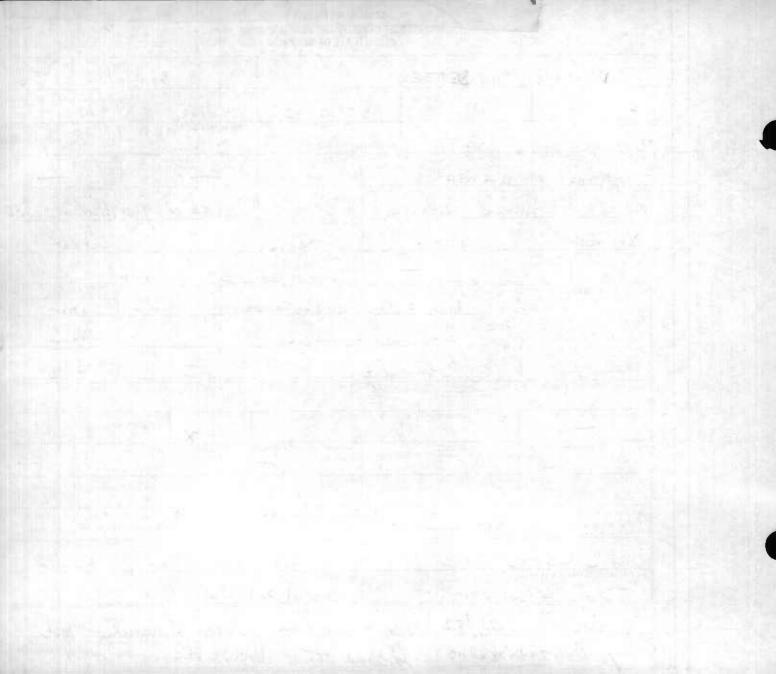
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	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		MALE	cauc	aussian	07		83	YRS.	DAIRS DAIS	HOURS MIN
ry-		IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O		F 1 / mall	
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	14. F	ATHER'S NAME	MIDOLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDOLE		141	51
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100		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
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rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TOW	121	COUNTY	STATE
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21 :		sow the deceased alive on abave, (I) (we)(did) (did no	HARCH	after death	2. , an	d that in (my) (pur) opinion d	death occurred an the do	te and hour	and from the	couses stated
Hem		226. SIGNATURE	.1			DEGREE			22c. DATE	
Mari	1	ANTELICA DUE	NIAS UPPRI	6AS.	MD	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	Man	eH 21, Fide
IMPORTANT	1	228. PHYSICIAN'S NAME (TYPE C		, /		22e ADDRESS			,,	1
Por		ANCELICA S	VENAS -	-VARGAS.		3001 S/. HAWAE	on smoot 21	230.	BAto.	M.J.
≤		BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
-		Entombment	3/25/	82 10	rrair	e Park Cem.	Raltimo	re, Ma	ryland	
77	24 F	UNERAL DIRECTOR	4007 -	AOORESS					^	
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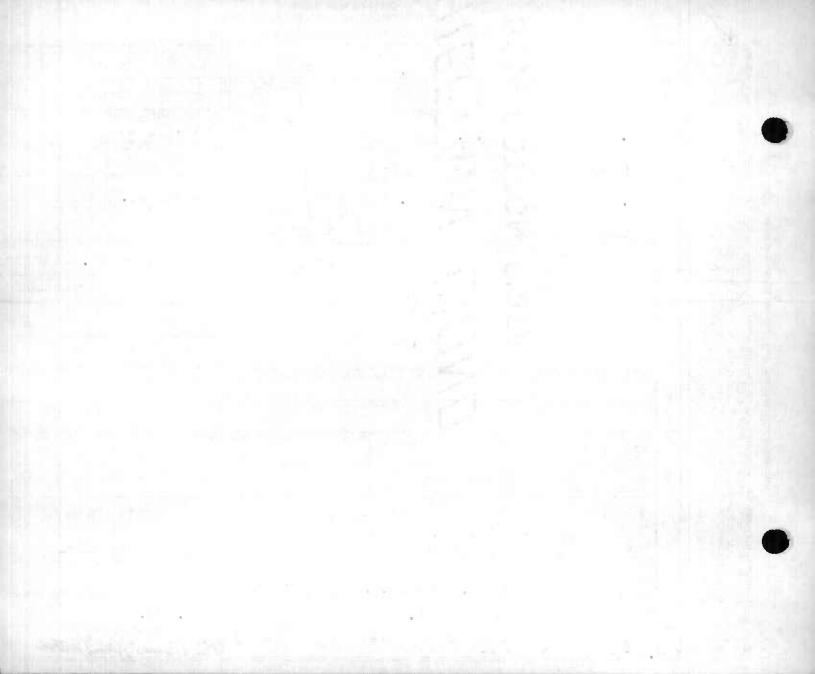
STATE OF MARYLAND

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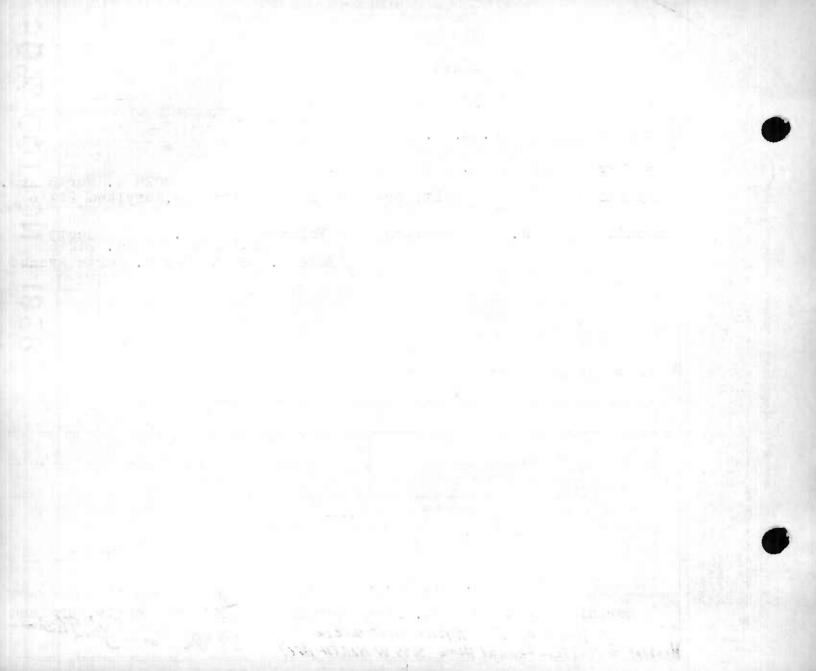
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offer o	3. SEX	RACE W	5 DATE OF BIRTH MONTH DAY YEAR 1 / 2 / 82	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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ely life	Md	Boltimore Boltin		2653 Wegi	worth Lane 21231
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gned by the in please rer burial, crem ry, or other	PART 2 OTHER SIGNIFIC	1 10 Prem	DEATH BOT NO RELATED TO THE TERM	AINAL DISEASE OR CONDITION CL	12 days
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TOR: Affor use a of Health	sow the deceased ali	hospital) attended the deceased from		, to	19 92 that (I) (we) lost
toched to Dept.	226. SIGNATURE	and not view the body after death	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 3/2/82
TO FUNERAL should be det with the State	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	220 ADDRESS	of Mafmit	3,000
	230. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d LOCATION	40UNIY JAH
P 1-16 50M 1/81 VRA 15, 4)	24 FUNERAL DIRECTOR	anudor Inc ADDRESS	Then Haven Cen.	TE REC'D. BY REGISTRAR 251 AFE IS MAR 3 0 1982	TRAR'S SIGNATUIL



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-SEWELL MARY DEATH MATED 1 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 7:32 MONTH YEAR (AST BIRTHDAY) 2, AND 3 TO THE FUNERAL DIRECTAIN PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 H. RECORDS, 201 W, PRESTON ST PRONOUNCED black 35 YRS female 2 DEAD TE BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. Md WIDOWED [DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Provident Hospital (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COLINTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. City Md Sprav YESX NO ND 2 SH 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME M PM AND: MIDDLE LAST MIDDLE LAST FIRST Rufus Mary nawkins Calwrie FORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Renay Sewell 1600 Spray Ct. Daaught no 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 01 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, E 3 SHOULD BE L YES VEY NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2 PRIOR PM 21e. PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE PAGE 4 SHOULD BE TOKEN
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 220 I certify that I taok charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes XX Undetermined manner TITLE (SPECIFY) ACTUAL _ 3-12-82 Assistant DATE SIGNATURE EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) ADDRESS 23d LOCATION
CITY OR TOWN
Balto. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Calvary Md. BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME DATE KNOWNXIX MONTH DAY (TYPE OR PRINT) OF ESTI-NECES, RY, PLEASE UNEFAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS SHAWN SHAVERS DEATH MATED ANTONIO 3-17=820 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 81 3-17-82,0 2mthws DEAD male black 7b. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland Baltimore City WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS North Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3028 W. North Ave. Maryland Baltimore 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY Baltimore, Maryland 21216 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF WITH MIDDLE LAST MIDDLE LAST Antonio Shavers GIVE PACTE FORM Yolanda 17. INFORMANT Baltimore USED AS A BURIAL - TRANSIT PERMIT. PAGES 1, OF HEALTH AND MENTAL HYGIENE, DIVISION CIRIAL, CREMATION, OR REMOVAL. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO ADDRESS Edde V. Scott 3028 W. North Avenue CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden infant death syndrome IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NER: THIS CASE THE WASTER FORWARDED TO THE CHIEF I FORWARDED TO THE CHIEF I TORE PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE WASTER TO BURIAL. 20 AUTOPSY? YES, 🕡 NO [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes XX Accident death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATS-17=82 ssistant SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore County, Maryland 3/20/82 Burial Mt. Zion Cemetery BP 250. DATE REC'D. BY REGISTRAR 29 PEGISTRAN VALUE 24 FUNERAL DIRECTOR BAUTI MOLES MANY LAND 21216 **DHMH-17** (VR A15 ME (5)) LUMERAL HOME 3035 W. NERTH 15M 2/80



· 1	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.					
		CEASED NAME TO FIRST OR PRINT)	MIDDLE	5	havitz	3/2/82	ONTH DAY YEA	1/30P
	3. SE	EMALE	W HITE	S. DATE C				YEAR IF UNDER 24 HRS DAYS HOURS MIN
97	7a. BI	RTHPLACE (STATE OR FOREIGN PURSE)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR BALT	COUNTY OF DEAT	
by the filed with nofffie	10 CI	Baltimore	11. NAME OF HOSPITAL, NURS TENOT IN SUCH FACILITY, SIVE STREE LEVINGLE HEC	ING HOME C		126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIFI	WORKING LIFE) INDUS	ND OF BUSINESS OR
filled in hauld be	130 S M	ARYLAND BA	NOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ALTO. BALTIMO	WN	13d INSIDE CITY LIMITS	8502 WINA	NDS RD.	#21208
ompletely cxominer		LOUIS	HORWITZ LAST		15 MOTHER'S MAIDEN FIRST SARAF	WIDDLE	UNKNO	NWN
n ond con Poges T	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT EDWARD SHAV IAPIZRESS VES NO OR UNKNOWN) (IF VES, GIVE WAR OR DATES) 2/4-74-3654 6998 MARSUE DR., APT. T-2 #21215						
by the ottending phys rase remove carbanpap al, cremotion, or remova r other traumotic event,		PART I. DEATH WAS CAUSE	ally one couse per line for 101, (b), of DBY: TE CAUSE (a) CAUSE (b) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	OVAS&	errage Ac	CAYENT	O A.	PROXIMATE INTERVAL VEEN ONSET AND DEATH VE. M. V.N. (T.)
been signed mit. Then ple prior to burio any injury, or	CERTIFICATION	PART 2: OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO				20b. IF YES, WERE FI	NDINGS USED
te hos sit per rgiene p	RTIFIC					YES NO	YES [NO 🗌
bural-transit permit. Mental Hygiene prior frem 18 shows any		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		CURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PAR	12)
ter this as the but hond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STAT
CTOR: A d for use of Health		220. I certify that to (this hospital) attended the deceased from 007-18 19-78 10 MARCH 2 19-82, that is (we) last sow the deceased alive on 10 ARCH 2 19-82, and that in (mar) (our) opinion death occurred on the date and hour and from the causes staffed above, (F (we) (did) (did 201) view the body after death.						
RAL DIRE detoched ate Dept		27b. SIGNATURE	ohn.		DEGREE ATTENDIN PHYSICIA		- / 3	DATE SIGNED
TO FUNER should be with the Sto		22d. PHYSICIAN'S NAME (TYPE OF	A 0. Km		LEVINJALE	HEBRENG	ERIATRIC	- CONTEN
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	MAR.4,1982	ANSHI	EMUNAH	BALTIMO		STATE MARYLAND
6 50M 1/76 15 (4))	24. F	UNERAL DIRECTOR SOL NAME 6010 REISTERST	LEVINSON & BROS	., INC	21215	MAR 8 1982	SI REGISTIANS SIG	Mathen

STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF F	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 0 4-	05	3 3
7.5		CEASED NAME FIRST NETTI	E M. St	TEPPA	IASI	REG. N 20. DATE OF DEATH MARCH	10. MONTH DAY YEAR 3, 1982	2b HOUR
1	3 SE	FEMALE .	1 RACE BLACK	5 DATE O		6 AGE IN YEARS LAST BIR	MONTHS DA	
19	E11	RTHPLACE (STATE OR FOREIGN COUNTRY) erville, Ga.	75. CITIZEN OF WHAT COUNT USA	MARRIE		Baltimo		
by the filed w	BA	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Universit	reet ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		D OF BUSINE RY
hould be	13a. S	TATEMd.	R OTHER INSTITUTION GIVE RESIDENCE BE NTY 13c. BXPE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 918 Veron	ica Ave	
ompletel ond 2 s		THER'S NAME FIRST		pard	15 MOTHER'S MAIDEN N Euther	MIDDLE	Harr	iast IS
S. Pages		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SI	ECURITY NO.	Melvin Shep	pard 2342 No		21230
been signed by the armut. Then please remay prior to burial, cremati	TION		DUE TO, OR AS A CONSECUTION OF THE CONSTRUCTION OF THE CONTRIBUTING	TO DEATH BUT				
roate has be roating the primit Hygiene primit 18 shaws an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO		YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	SES OF DEATH
iter this certification is the burial-trans hand Mental Hy nand Mental Hy irked or Item 18 sinked or Item 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 218 INJURY OCCURRED WHILE AT WORK AT WORK		19	211 LOCATION STREET	RRED (ENTER NATURE OF INJU		2)
L DIRECTOR: Af stacked for use a te Dept. of Health if Hem 21 is ma		270. I certify that (I) (this hasp saw the deceased alive a	ottol) attended the deceased fra 3 3 8 2 19		nd that in (my) (aur) apinion DEGREE ATTENDING	MEDICAL STAI	FF _ 220. DA	that (1) (whithe causes standard SIGNED 3 82
TO FUNERAL should be det with the State IMPORTANT:	23a B	HALESH URIAL CREMATION, REMOVA	M. PATEL,	MD 36, NAME OF C	PHYSICIAN 220 ADDRESS UNIVERSI 22 S. GRE EMETERY OR CREMATORY	TY OF MAR	EYLAND H BALTIMORE	HOSPIT
	(Burial	3/8/82	Balto.	Cem.	Baito.,		St
16 50M 1/B1 A 15, 4)		NERAL DIRECTOR ROY O. DYETT 46	500 LIBERTY HETO	GHTS AV	E . 250. DA	AR 4 1987	25h REGISTRAR'S SIGN	Marthe

poge 3

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(stre	Janet		R.	SH	ETTLE	March	11.	1982	3:03p м
	3. SE	× Female	4. RACE White		S. DATE (DAY YEAR	6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WHAT COUNTRY?	8 .	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	MD
18	В	altimore	Maryla	and Gener	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Registered	JON OF WORKING	175 KIND C	OF BUSINESS OR
5	Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	OTHER INSTITUTION NTY	Baltimor		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1669 Burn	_	Road	
七		ohn FIRST	MIDDLE	Lambie		Netlie	WE		M001	re
1	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	168 SOCIAL SECU 163-22-9		17 INFORMANT Hunter R. Sh	ettle 1669		wood Roa	ad
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0) L	eukemia						MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO D	NCE OF		INAL DISEASE OR CON	IDITION G	6 ye	
2	CERTIFICATION	19a date of Operation	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	'ES, WERE FINDIN TIFYING CAUSES YES	NGS USED 6 OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in I	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 11	8 PART OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE (OF INJURY BEET, FACTORY, OFFICE, FA		ZIE LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify tho XX (this hosping sow the deceased alive on aboves (howe) (did) (action 12) SIGNATURE	march	10		d that in (xy) (our) opinion d DEGREE A ATTENDING PHYSICIAN	MEDICAL STA	late and h		the second second
		270 PHYSICIAN'S NAME (TYPE O		1. D.		22e ADDRESS c/o Marylan	od General		ital	10 -
	23e B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE	23t N		EMETERY OR CREMATORY	23d LOCATION Balltimo			Maryländ
	_	JNERAL DIRECTOR				250. DATE	REC'D. BY REGISTRAR	25b. RE-CA	STRAR'S SIGNAT	1196a

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled verified to State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical exa etained by the haspital or attending DHMH - 16 50M 1/B1 (VRA 15, 4)

ATTENDING PHYSICIAN: The

Leonard J. Ruck, Inc. Baltimore, Maryland

MAR 12 1982 Trans

March 11, 1912	SHTTHE TO SEE THE	Janau
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Hostel 2/17/02 Erostlann Comminsy strictbuille Homosti Id.
Lindson.inuncus, Cotonsville, Md. 21220 Appr 80 1901 VI. Citis Called

LAST

5. DATE OF BIRTH

TO

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Shipley

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DIVORCED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a DATE OF DEATH 26 HOUR 03 12 82 0:00P 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 82 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dipper Candy Mfg. 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Drummond Rd. 21228 NO PIX 15 MOTHER'S MAIDEN NAME MIDDLE Kemp

L. Fink Henry Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES 17 Pelczar Ave. 17 INFORMANT 166 SOCIAL SECURITY NO. NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Balto., Md. 21221 No Helen Grine, Daughter 18 CAUSE OF DEATH Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

YES [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE 27a. I certify that (1) (this hospital) attended the deceased from.

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

HALMA M.D

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION CITY OR TOWN

02 and that in (my) (gur) apinian death occurred an the date and hour and I rom the causes stated saw the deceased alive an above. (1) (you (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED

MEDICAL

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

- STATE

TYPE OR PRINTS

3 SEX

REGISTRAR

Female

BIRTHPLACE (STATE OF FOREIGN

Baltimore

190 DATE OF OPERATION

22h SHGNATUR

71n ACCIDENT WAS UNDERLYING

Baltimore

USUAL RESIDENCE (IF NUR

Maryland

4 FATHER'S NAME

ID CITY OR TOWN OF DEATH

Amelia

4 RACE

Baltimore

White

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS'

OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN

St. Agnes Hospital

Catonsville

76 CITIZEN OF WHAT COUNTRY?

USA

DECEASED NAME

77+ ADDRESS

PHYSICIAN

ATTENDING

STAFF DIRECTOR PHYSICIAN I

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

Dr. C. Halma 230 BURIAL, CREMATION, REMOVAL 236 DATE

3/15/82

231 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

Baltimore, Md.

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

FUN ld b IMPORT

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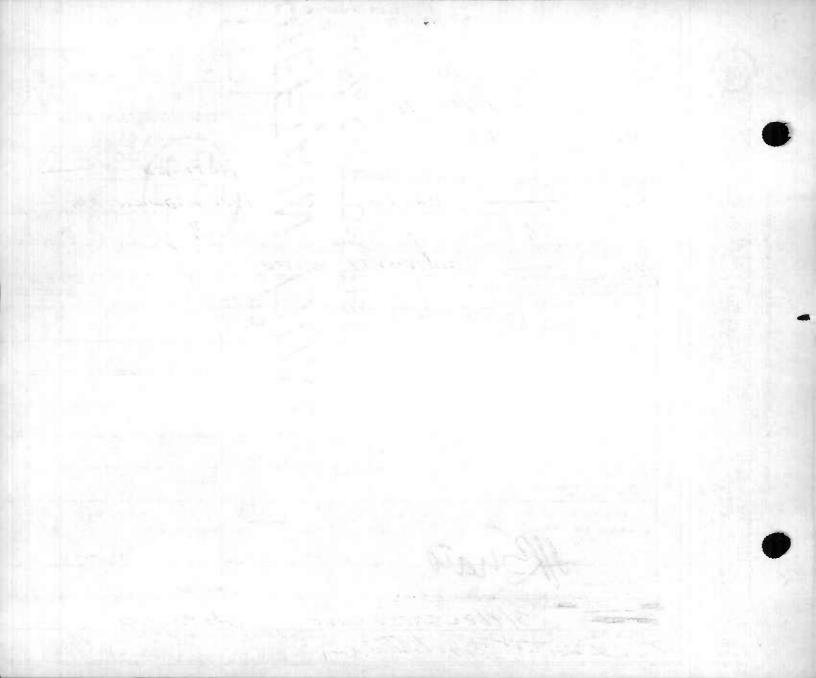
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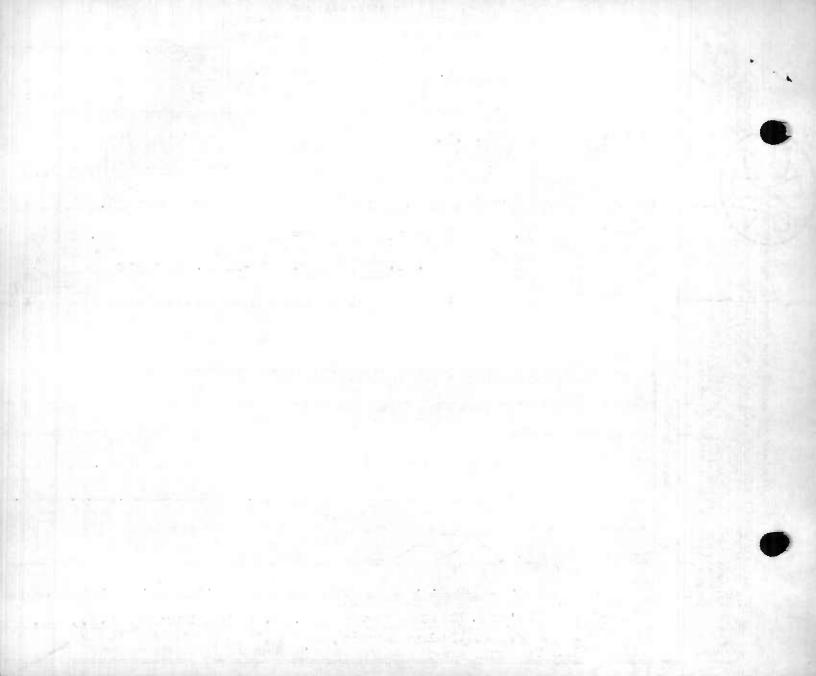
MEDICAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Funeral Jome PA 1407 Old Eastern Ave AR

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3	- S	OR TATE EGISTRAR			ST/ DEPARTMENT OF DICAL EXAMII	HEALTH				0 6	8 3	4
		ASED NAME DR.PRINT)	JOHN ACE	5. DATE OF BIRTH	R . 6. AGE (IN)	SHIF EARS IF UN	DER TYR. IF UN	NDER 24 HRS.	20. DATE KNOWN OF ESTI- DEATH MATED 20. DATE		7-829 DAY YEAR	26. HOUR M 24 HOUR 4:55
A DIRECTOR	ma1	e W	nite	6/30/	10 71	(RS.	S DAYS HOU	1	PRONOUNCED DE AD		7-82,	рм
S PRESS	FORE	MD,		4,5		MARRIE WIDOW	ED NEVER M	VORCED	Baltimorecity	-	OFDEATH	MD.
RE, MD. 21201 CETH, IF ANY DELAY IS NECESSARY P. SES 1, 2, AND 3TO THE FUNERAL DIREA AND 2 SHOULD BE FILED, WITHIN 721 STORY OF THE PROPERTY		OR TOWN OF E		NOT IN SUCH FAC	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS EMORIAL HO			12a. USU FOR A	ALOCCUPATION (AOST OF WORKING LIFE)		02 INDUST	
SECOND SECOND	130. STA		MINGOUND	nHo.	BALT	0,	13d. INSIDE CITY LIM	115? 130 STRE	ET ADDRESS	MICK	RD,	
ESTH. IF PM 3.	14. FAT	HER'S NAME FIRST	5	PIDDLE	LAST		15. MOTHER'S A	MAIDEN NAME	PIDDLE		LAST	
SION O	16a. W.A (YES.	AS DECEASED EV NO. OR UNKNOWN) NO	ER IN U.S. ARMI (IF YES, GIVE W.	ED FORCES? AR OR DATES)	166 SOCIAL SECURI 2/5-/6-5		17 INFORMANT		ADDRE	SS		
201 W. PRESTON ST UTED WITHIN 24 HOX IN PENCLI IN ITEM I EXAMINER ALONG RIAL-TRANSIT PERMI DAENTAL HYGIENE, ON, OR REMOVAL		Canditians, i gave rise t cause (a) stat lying cause la	I WAS CAUSED IMMEDIATE I any, which a immediate ting the under- ast.	BY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	for (a), (b), and (c).) **Terioscle* AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	OF OF			r disease		BETWEEN ONSE	TAND DEATH
OF VITAL RECORDS, ATE SHOULD BE EXEC E WORD "PENDING" THE CHIEF MEDICAL LID BE USED AS A BUI UNDER USED AS A BUI TO BURIAL, CREMATIT	CERTIFICATION	190 DATE OF OPE	ERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?	?			20 AUTOPSY	? NO.IJ
G THE WO TO THE CHOULD BE ARTMENT IOR TO BU		PIO EXTERNAL CAUDERLYING [OR CAUSE OF DE	EATH P.M.	MONTH DAY YEA	AR .		URRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART 1 OR PAR		
WRITIN ARDED AGE 3 S ATE DEP 1201 PR	MEDICAL	WHILE AT WORK AT	OT WHILE D		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	cou	NŢY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF HE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF HE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF HE STATE DEPARTMENT.	E		at I taak charge ram: Natural	Susses XX	Accident , S AC		Hamicide TITLE (SPECIF ASSISTA	nt MEDI	CAL EXAMINER Street	and in my api], DATE SIGNED	3-8-82	TATE
00BP	24. FU!	NERAL DIRECTOR	2	3/9/8	2 GREE	VMOU		DATE REC'D. BY	REGISTRAR 256 RE	GISTRAR'S SI		AIE
DHMH - 17 (VR A15 ME (5))	Pa	alt, the	newex	3 ADDRESS	7 Cherles	SAL	-11	VAR 1 (148/ 2	mu g	enllasts	re Pr





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	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	0	, ., .	
		CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	_
	1.4	1ilholmo	ania C.	5	1 400 11		3 25	2 27	7850 4	A
	3 SEX	(RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER TYEAR	IF UNDER 24 HRS	-
		Fe.	B	MONTH 2	1 1888	94	YRS.	THS DAYS	HOURS MIN.	Ī
			CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY O		DEATH		-
7	C	5. C.	USA	MARRIEI		B. Itin	MORE	Ci	+4 MD	
	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	IRSING HOME C		120. USUAL OCCUPATI	ION	12b. KIND C	OF BUSINESS OR	-
9	B	eltiMARQ	Mid - TO W	TREET ADDRESS)	tome.	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY		
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	14 FA	THER'S NAME	DDLE LAST		15. MOTHER'S MAIDEN NAM			LAS		_
2			Down	nes	Cather:	ine		LAS)(
		VAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL S	SECURITY NO.	17. INFORMANT	ADDRE	SS	1. 19.1.		Ī
		No (IF YES, GIVE V	214-	16-8730	Perrilee E	. Waters	5343 N			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b	1, and (c).)		1		BETWEEN	ONSET AND DEATH	
		IMMEDIATE	/ /	dion	spirely 7	Itment				
		4360	DUE TO, OR AS A CONSE	EOUENCE, OF	1 11/	7				
	177	Conditions, if any, which	(b) (el	udez	Mallio	30lluz				_
		cause (a), stating the	DUE TO, OR AS A CONST		PILA					
		underlying cause last.	(10)	ecent	CV10.					
ĺ	z	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a)	Ī
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	FRE FINDIN	NGSTISED	_
	FIC						IN CERTIFYIN	IG CAUSES	OF DEATH?	
-	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES [NO 🗌	_
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH			(EMERITATION OF MAJO	V I I I I I I I I I I I I I I I I I I I	0.000		
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION					_
	ME	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
۱		22a certify that (I) (this haspital	I) attended the deceased fr	am		, to	, 19_		that (I) (we) last	-
		sow the deceased alive an abave, (1) (we) (did) (did nat)	view the hady after death	19, an	d that in (my) (aur) apinion o	death accurred on the de	ate and hour on	d from the	causes stated	
		226 SIGNATURE	// _		DEGREE			22c. DATE	SIGNED	-
		L. M	ides		·	MEDICAL STAI	IAN 🗌			
		22d. PHYSICIAN'S NAME (TYPE ORP		MD	22e ADDRESS	. 11 1	- 0	-	PE 100	
		KUBEN	RE IDER		14066	ion Tright	ود روس	à su	The same	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	10	The	~ 1913/	ığ

DHMH-16 30M 2/80 (VRA 15, 4)

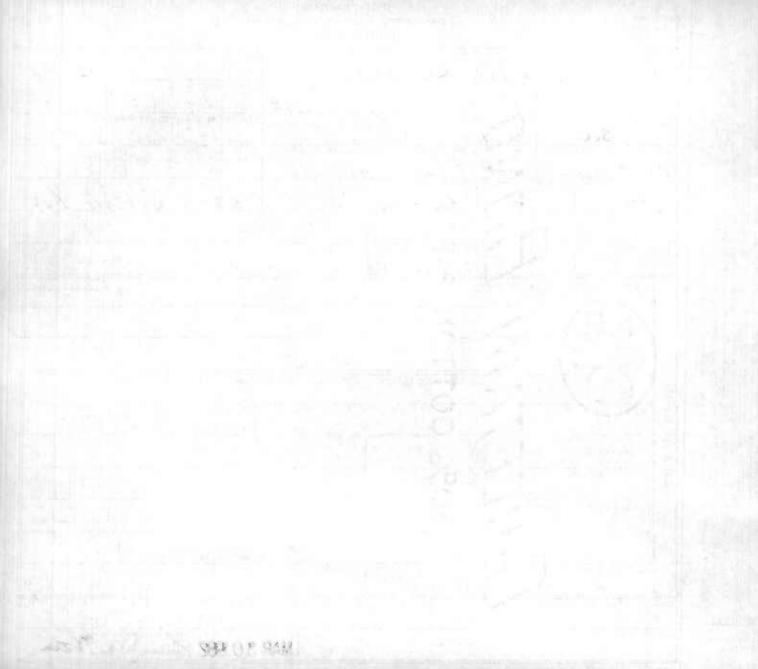
4/1/82 Burial 24 FUNERAL DIRECTOR

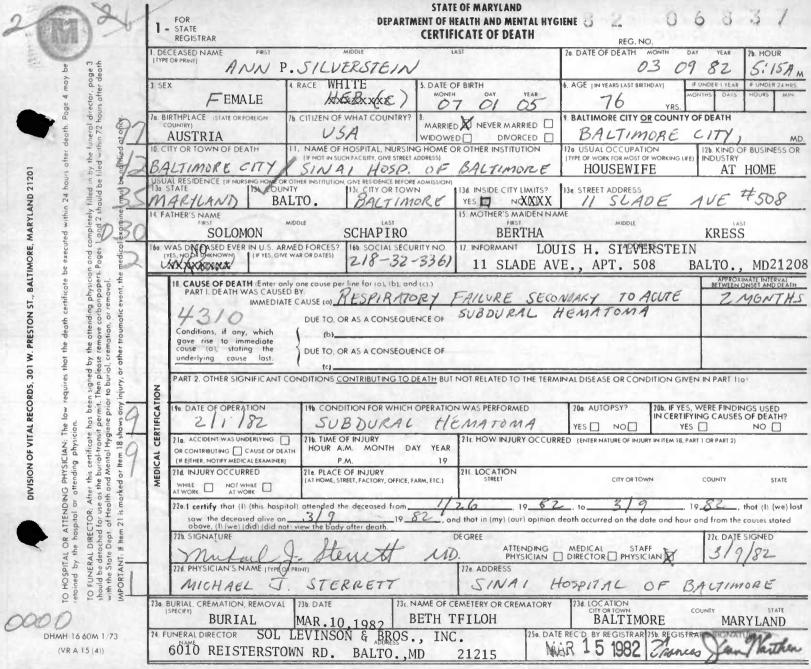
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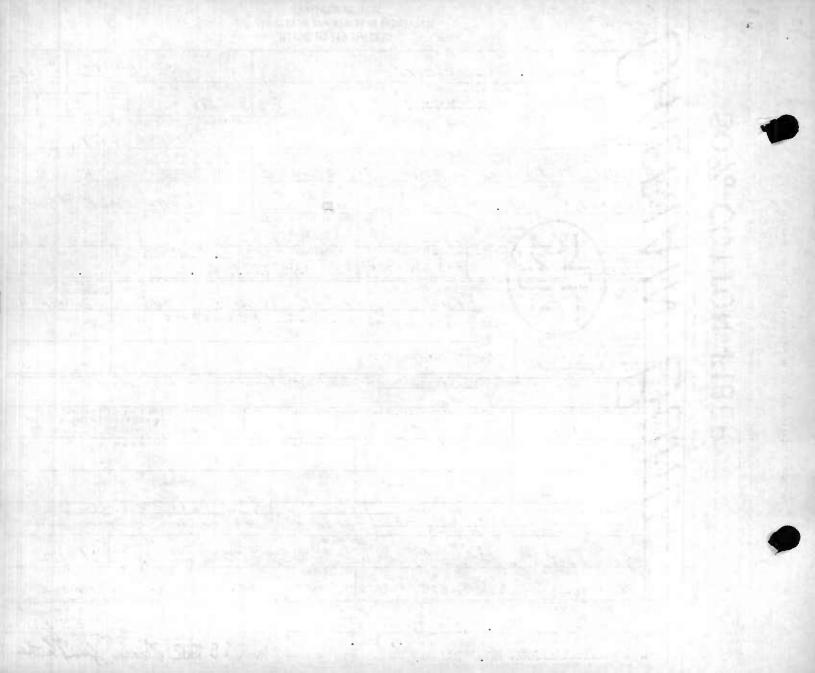
COUNTY

23d LOCATION
CITY OR TOWN
Baltimore Woodlawn Cemetery Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

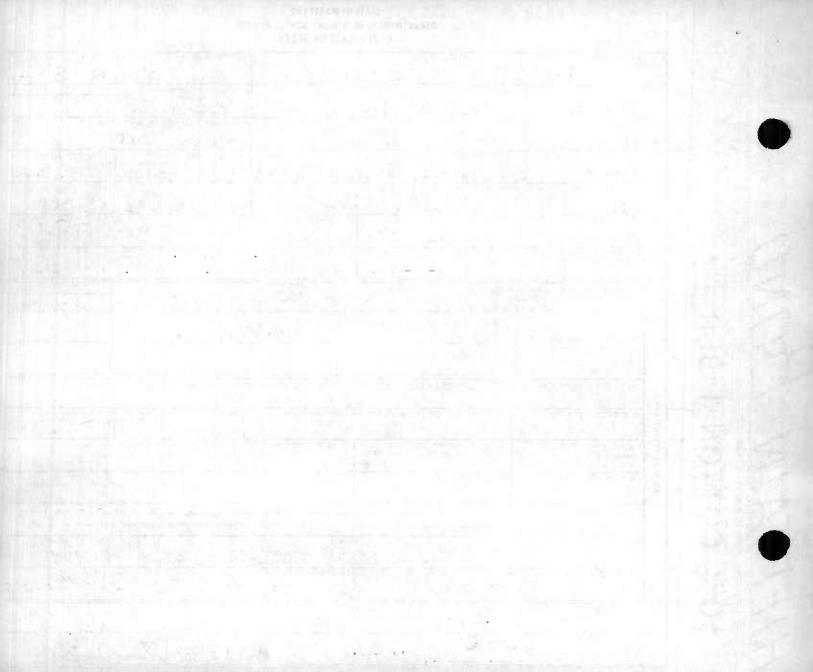
 $\widetilde{w_{m}}^{\text{NAME}}.$ 1101 E. North Ave. C. March F/H







X	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY ICATE OF DEATH	GIENE G	U ()	·2 O
£ # 2	1. DE	CEASED NAME FIRST BOSS		MIDDLE	Silvi	ast Ces S.L.C.	20. DATE OF DEATH	MONTH DAY	YEAR .	26 HOUR
4 moy	3. SE		4 RACE	LICACTAN	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI	non-	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
orth. Poge 772		RTHPLACE (STATE OR FOREIGN OUNTRY)		UCASIAN WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	INS.		
by the fune filed within	10 CI	TY OR TOWN OF DEATH Salver:		HOSPITAL, NURSING		ROTHER INSTITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING LIFE)	126. KIND O	F BUSINESS OR
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rcote b hysicia papers. oval. :nt, the		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIAT	D BY:	line for (o), (b), and	ATI	è CA Flom	REASTAI	DENO-	APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
ING PHYSICIAN: The law requires that the death certificate has been signed by the attending passes of the buriol-transit permit. Then please remove carbon, the and Mental Hygiene priar to burial, cremation, ar removed at them 18 shows ony injury, ar ather troumatic even		1749 Canditions, if ony, which		R AS A CONSEQUE	NCE OF	CAR	CINUMA			70000
that the class removed of, cremotive or the cremotive or		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
requires in signed Then ple	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	DITION GIVEN	IN PART 10	1
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PHYSICIAN: T ending physici this certificate te burol-tronsi nd Mental Hygi d or Item 18 sh		2) a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.	M, MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 1B, PART	† OR PART 2}	
DING PHYSIC or attending or attending After this cere os the burial of the orthought on the morked or the	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	.RM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
ATTENDING spital or oth CTOR. After 15 for use as to the Health o		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did na		19	12-	d that in (my) (our) apinia	n deoth accurred an the	date and haur a	nd fram the	
ration / Attention		22h SIGNATURE	m		N.		MEDICAL STA	AFF CIAN []	22c. DATE 3/1	SIGNED 14/82
TO HOSPITA retained by TO FUNERA should be de with the Stot IMPORTANT		22d. PHYSICIAN'S NAME (TYPE O	AW-l			ESUNDAL	5 GERNATA	IC CINE	1390	W2121
719 _{BP}		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE MAR. 15		TACH	EMETERY OR CREMATORY TIKVAH	ROSEDA	LE	BALTO	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU	UNERAL DIRECTOR SOL 010 REISTERSTOW	LEVING N RD. B	N & BROS ALTO., MD	, INC	15 250 DA	IAR 19 1982	Panu Registra	R'S SIGNATI	Jar Clo



campletely filled in by the funeral diser-is 1 and 2 should be filed within 72 hours

signed by the attending physicion and car hen please remove carbon papers. Pages 1

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

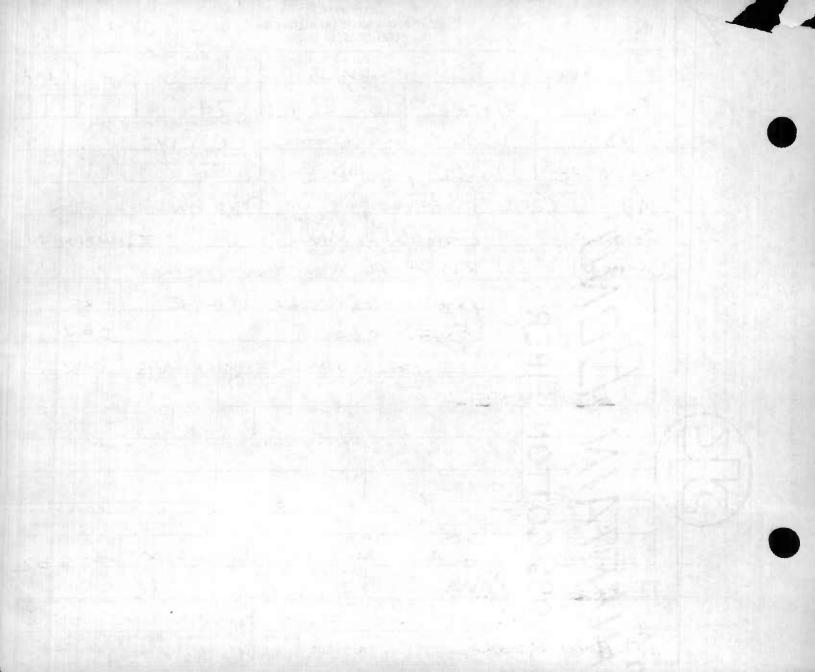
STATE OF MARYLAND FOR - STATE 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE page 3 er death

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
-		CEASED NAME	FIRST		WIDDLE		.AST		20. DATE OF DE		DAY YEAR	26 HOUR	
	(TYPI	E OB-FRINT)	MARV		T	SI	MON!	7		3	10 97	1:15	- A.
	3. SE	X		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER I YEA		HRS
	2 0	FEMA	=		TE.	MONTH 10	PAY 8	1907	74	YR:		HOUR5	MIN.
20		IRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COUP	NTY OF DEATH		7.0
20		MD		U>	F	WIDOWE	The state of the s	NORCED		ATY.			MD.
38	0	SALTIM	/	11. NAME OF	HOSPITAL, NUF THEACUITY, GIVE ST		MD.	TITUTION	120. USUAL OCC (TYPE OF WORK FOR	MOST OF WORKIN	G LIFE) INDUSTRY Sto		SOR
35	13a. S	AL RESIDENCE III	NURS OF ME CA	CIL	GIVE RESIDENCE BE	OWN	13d INSIDE (NO	130 STREET ADD	To. 11.1.	Lywon	202	
	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME				
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2	160 (WAS DECEASED I		E WAR OR DATES)	219 -3	ECURITY NO. 34-2326	17 INFORM	ant MTT4	S Da	ADDRESS			
		18 CAUSE OF E	1.10	ly one couse per	line-for (a), (b)	ond (c).)			VCA -		APPRO	XIMATE INTERVAL LONSET AND DE	ATH.
	9	PART I. DEA	TH WAS CAUSE	D BY:	(ART	NO RE	SPIRA	STARY	FAIL	RE	HR		ALI
131	8	420	G		R AS A CONSE	OHENCE OF		1000					
	В	Conditions, if	ony, which	(b)	1	-/	NIA				DA	m/s	
		gove rise to	immediate	DUETO	R AS A CONSE	OHENCE OF							
			ouse fost	(c)		TRAU	SANI	ac- +	LESMOR	RHAGE	= D+	WS	
	Z	PART 2 OTHER	SIGNIFICANT (A -			NOT RELATED	TO THE TERM	INAL DISEASE OF	RCONDITION	GIVEN IN PART 1	(0)	
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2	CERTIFICATION									IN CER	TIFYING CAUSE	S OF DEATH	?
a	CER	210. ACCIDENT WA	S UNDERLYING CAUSE OF DEA	216. TIME O		DAY YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART OR PART 2)		
	EDICAL		MEDICAL EXAMINER	in .		19							
	MEDI	21d INJURY OC		21e. PLACE	OF INJURY	CE FARM FIC \	211 LOCATI		CI	TY OR TOWN	COUNTY	STAT	TE
40	~	AT WORK	T WORK							500			
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	- 1	obove, (I) v		I) view the body	ofter death.	27 or	nd that in (my	(our) opinion (deoth occurred or	the date and l	hour and from th	couses state	ed
		22h. SIGNATURE		111	0		DEGREE	TTENDER	WEDICH.		22t. DAT	ESIGNED	
		4	Jan	49	ow,	~ 1	WIS	PHYSICIAN [MEDICAL DIRECTOR [STAFF	3	-10-8	2
1		374 PHYSICIAN	S NAME ITHE	(Mean)			22e ADDRES	SS	OF TORY	01			
1		LI-JAN	JEL-	2.	vvon	1	22		reene	. 3+			
	23o. E	SURIAL, CREMATI		23b. DATE		3c. NAME OF C			23d. LOCATIO		COUNTY .	- STAT	Ε,
	01.6	- 11	rial	Mar.13	,1982	St. Mar	rks Cem		Perryv		Cecîïï N		nd
	G	AL DIRECTO	R LOSA	EXECT,	7 Dan ARPAR	8110 N	danul ar	250 DATE	REC'D. BY REGI	1/2	ISTRAR PSIGNA	Marke	
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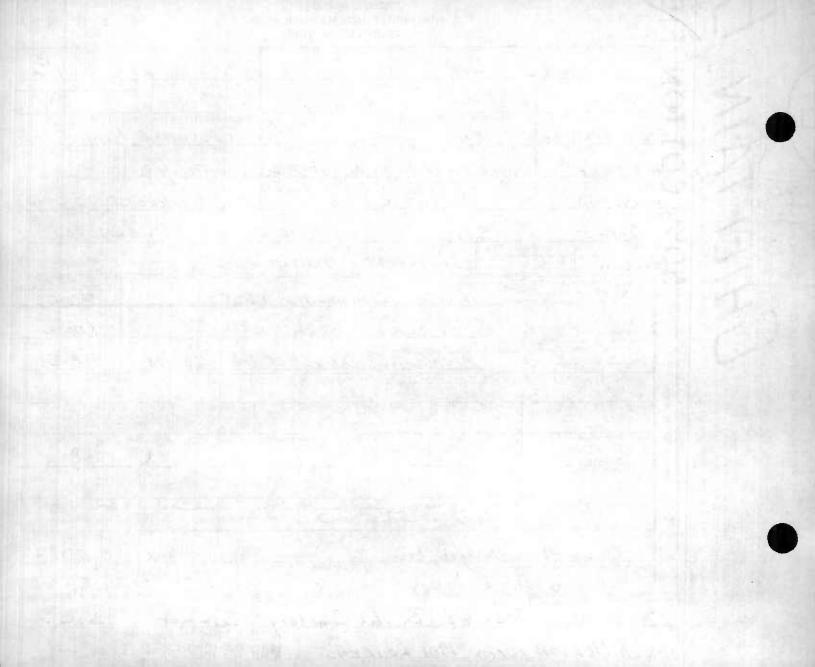
DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN; The law

etained by the hospital



21	FOR	STATE OF MARYLAND	3 3 3 4 3 4 3
N	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	6 2. U 6 U 4 U
	DECEASED NAME FIRST	MIDDLE LAST 20 DA	TE OF DEATH MONTH DAY YEAR 26 HOUR
deorn	SAHUE SAHUE	L L. SIMS	3-23-82 11 Am
3	SEX MAIR	4. RACE S DATE OF BIRTH 6. AGE	IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. AONTH'S DAYS HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN	2 11-42	YRS.
577	SOUTH CAROLINA	MARRIED NEVER MARRIED	BALTIMORE CITY MD
9	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 US	UAL OCCUPATION 12b. KIND OF BUSINESS OR
38	BALTIMORE	UNIVERSITA OF MADINAATO HOSPITAI IN	F WORK FOR MOST OF WORKING LIFE) INDUSTRY VEMPLOYED
R	JOUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	The mode con the same	REET ADDRESS 20 GILMORE ST. 21217
1.	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
390	JAMES	SIMS LAST JULIE	NERNABAR
medicol	WAS DECEASED EVER IN U.S. A		ADDRESS
	UNKNOWN	11/2 WAR OR DATE OF 251-72-9389 PATIENT CH	ART
it, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, t		ATE CAUSE (O) CARDIO-PULMONARY ARRES	T SECONDS
Otto	1541	DUE TO, OR AS A CONSEQUENCE OF	
TOUT	Conditions, if any, which	(1) PROBABLE ASPIRATION	1 HOUR
other t	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF CANCER OF THE	RECTUM YEARS
ury, or o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART 110
ony inju	5		
50	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
18 sh	2 a ACCIDENT WAS UNDERLYING	7ES 716 TIME OF INJURY 716 HOW INJURY OCCUPRED (1)	TER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
_ ^ _	and a control of the	HOUR A.M. MONTH DAY YEAR	TER NATURE OF INJURY IN HEM 16 PART OR PART 2)
57	OR CONTRIBUTING CAUSE OF DE	P.M. 19 21e PLACE OF INJURY 211 LOCATION	
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
	22a.1 certify that (1) (this hosp	pital) attended the deceased from 3-22 1982 to	3-23 19 82 that (Mywe) lost
N	sow the deceased alive of	n 3-23 19 82, and that in (our) opinion death or	curred on the date and hour and from the causes stated
Her	226. SIGNATURE	DEGREE	22c. DATE SIGNED
±	Lauren A	. Ichapu MD ATTENDING MEDI	CAL STAFF TOR PHYSICIAN X 3-23-82
TA	22d. PHYSICIAN'S NAME (TYPE		- O - 11
MPORTANT	LAUREN		ENE ST. BALTO, MO. 21201
2	BO BURIAL, CREMATION, REMOVA		OCATION CITY OR TOWN COUNTY STATE
- 2	FUNERAL DIRECTOR	3-29-82 Bench Cenetery	Simpler S.C.
B1 1	lac NAMED Me a -	Appress (DOLL) ALE REC'D.	BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	173. A. ILDICK	TUCKS TO KRURENS MAKE	0 198/ Many



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SEVERNA PARK, MD.

Items 13a-13e per phone 3/23/82 state of Maryland

ATTENDED TO THE STATE OF THE ST W. C. Correct and Seventhan Seventha injury, or other troumatic event, th

MPORTANT: If them 21 is morked or them 18 share

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	i
CERTIFICATE OF DEATH	
IAST 20 I	DATE

1.	- STATE REGISTRAR			DEP	CERTI	IFICATE OF		YGIENE	REG.	NO.	, 0	
	CEASED NAME	FIRST	A	AIDDLE		LAST		2a. D.	ATE OF DEATH		DAY YEAR	26 HOUR
TITE	ORPRINT)	EMMA		С,		SKILL	MAN			03-	12-82	5:32pm
SE	X	4	RACE		5. DATE	OF BIRTH		6 AG	E (IN YEARS LAST		IF UNDER LYEAR	
	Female		Whi	te	19	an. 8,	1891		91	YRS	MONTHS DATS	HOURS MIN.
	RITHPLACE ISTATE OR PRINTERY)	FOREIGN 7	US	A A	MARR		R MARRIED	9 BAI	Baltim	-	TY OF DEATH	MD.
19. C	Baltimore	ATH I	AF NOT IN SUGI	H FAGILITY, GIVE S	JRSING HOME STREET MODRESS)	OR OTHER IN		12a U		ATION TOF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
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	Joseph	_		Undut	tch		Mary		MIDDLE		Auen	31
	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	213-3	SECURITY NO. 22-50871	17 INFORM		Stav		ame a	s above	
	18 CAUSE OF DEAT PART I, DEATH W	H Enter only AS CAUSED IMMEDIATE	BY:		RENAL F	AILURE					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, it only, gove rise to imm	nediote	(b)_1	SCHEMI	C BOWE	L DISE	ASE					7
	underlying couse	lost.	DUE TO, OR	ONGEST	FOURNCE OF	ART FAI	LURE					
NOI	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS <u>CC</u>	ntributing	TO DEATH BU	T NOT RELAT	ED TO THE TER	RMINALD	ISEASE OR CO	NDITION G	IVEN IN PART 10	0.
CERTIFICATION	190 DATE OF OPERA	ION	196 CONDI	TION FOR WI	HICH OPERATION	ON WAS PERI	ORMED		AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
	21g. ACCIDENT WAS UND OR CONTRIBUTING ()	AUSE OF DEATH	216. TIME OF HOUR A.A	M. MONTH	DAY YEAR	×	INJURY OCCU				PART I OR PART 2)	NO []
MEDICAL	21d INJURY OCCUR!	ILE (7)	21e PLACE C		FICE, FARM, ETC.)	211. LOCA		1	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT WO	RK A		1	03-0	21	- 8	2	03-12	_	82	-
	22t I certify that (I) saw the department of the control of the control of the certific that the certi	hive on_	03-12-	degreesed fr	02	and that in (m	y) our) orinion	n death o	ccurred on the	date and he	our and from the	that (I we wast
N	27h SIGNATURE	Well	lla			DEGREE	ATTENDING PHYSICIAN	DIRE	ICAL ST	AFF SICIAN []	22c. DATE	SIGNED
	224 PHYSICIANY	6	45 PAR	Del	Mont.	EHJ.	ESSCHURC LOON.		SPITAL DWAY BA			AND 2123
3a B	SURIAL, CREMATION	REMOVAL	23 DATE		23c NAME OF	CEMETERY O		23d	LOCATION			
-	SPECIFY) Buria	1	Mar. 16	,1982	Holy (ross (emeteru		altimo	re. Mc	ruitand	STATE

DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

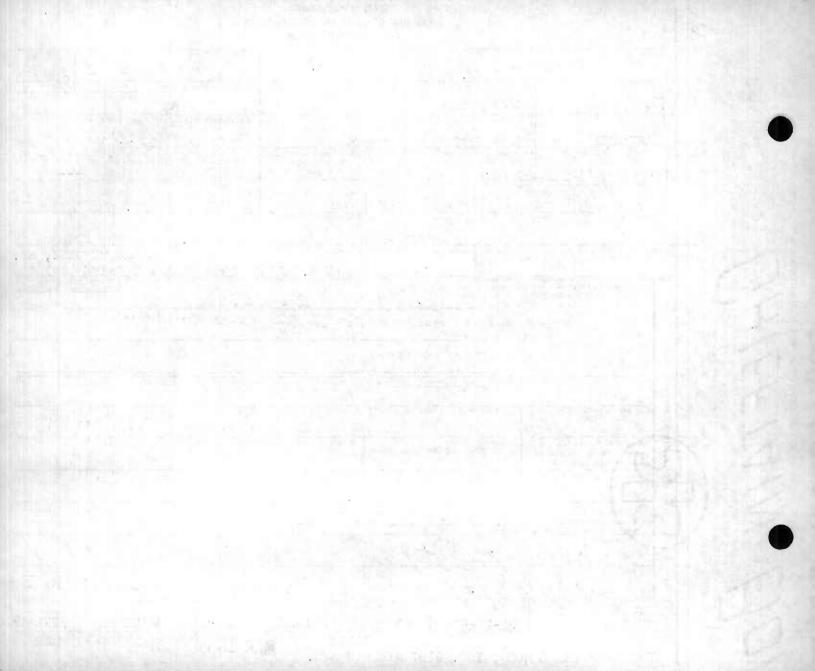
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST ANDONE LAS 20. DATE OF DEATH YE AR 2h HOUR (TYPE OR PRINT) TITA 3 SEX 4 RACE WEITHE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNIOER 24 HR MONTH YEAR AONTHS DAYS HOUR5 -FMAI 900 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ARYLAND WIDOWED DIVORCED YOR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME 12h KIND OF BUSINESS OR HOME Duske 186 IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 14 FATHER'S NAME MIODLE DOLGOFF LOUIS EDITH MILDRED STEIN 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT MARTIN SLACHTER 6-G TROLOD CT. (YES NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) OWINGS MILLS, MD 21117 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY WILS IMMEDIATE CAUSE (0 PRESTON A CONSEQUENCE DUE TO, OR A if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. YRS underlying couse 0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? à MCERTIFYING CAUSES OF DEATH? NOT YES NO F te burtol-transit nd Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A,M. MONTH DAY YEAR 10-1-OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED morked or 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that the (this hospital) attended the deceased from 2 sow the dedeased olive on. L. and that in fine (our) opinion death occurred on the date and hour and from the causes stated above, th (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNE * ATTENDING MEDICAL STAFF should be deto with the State I IMPORTANT: II be deto e State l PHYSICIAN DIRECTOR HYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ANSPRING = 230. BURIAL, CREMATION REMOVAL BALTIMORE 12,1982 COUNTYMARYLANDIE SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO. MD 21215

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6	FOR		HEALTH AND MENTAL HYG	IENE 8 2	0 6 3 4 5
	- STATE REGISTRAR		IFICATE OF DEATH	REG. NO.	
	I DECEASED NAME FIRST	WIGDLE	LAST		NTH CAY YEAR 26 HOUR
4-74	(TYPE OR PRINT) BERT	HA M. SI	IARDON	0:	3 25 82 6,50P M
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1177	Fenne	White of	TH CAY YEAR		MONTHS DAYS HOURS MIN
Po Po	To BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8		9. BALTIMORE CITY OR C	
In 72 in 72	MARYLAND	USA WIDON	IED NEVER MARRIED VED VED VED VED VED VED VED VED VED V	Baltimor	e City MD
with with	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		12ª USUAL OCCUPATION	
by # filed	Ballmare	Lincon Convales	cent Center	HOMEMAKER	ORKING (IFE) INDUSTRY
D 212	USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	. 1. 01 1
AND 3	Maryand	Baltimore	YES X NO	2175,5+	ric. KerStreet
With with and 2 s	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
MAR de	JEREMIAH	SUTTON	BERTHA	M.	POOLE
MORE, n and a Pages	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SECURITY NO VE WAR OR DATES)	17. INFORMANT	ADDRESS	ELLICOTT CITY, MD
TIMG on o S. Po	NO.	213-62-5814	MARY E. ALLE	N 3218 GREE	NWAY DRIVE 21043
BAL sate aper wal. nt, th	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane couse per line for (0), (b), and (c)		. 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ORD requestor to the control of the	190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				
e law in.	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
TALR The locion. The locion. The locion. The locion. The locion. The has sift per giene giene	II III			YES NO	YES NO
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PHY rendii this he bu nd M	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P or after 11 e os the alth onc morked	AT WORK AT WORK		5/01	3/	~ 0
Z = S S = S		pital) attended the deceased from	19 01	, to	19 2 , that (1) (we) last
		at) view the body ofter death.		eath accurred an the date	and have and from the causes stated
+	22b. SIGNATURE	Ale I trans	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
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HOSPITAL ned by the FUNERAL II be determine State ORTANT:	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	0	000 0 + 10-to
TO HOSPITAL TO FUNERAL Should be det with the Store	KUAN	107 - YEN HUAN	LINCO-		alexent Cente
	23a BURIAL, CRÉMATION, REMOVA (SPECIFY)		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
10 DBP	BURIAL	03-27-82 WOODI	AWN CEMETERY	WOODLAWN	BALTIMORE MARYLAN
DHMH - 16 60M 7/73	24 FUNERAL DIRECTOR	ADDRESS	21229 25a. DATE	REC'D BY REGISTRAR 256	PROGISTRAPS SIGNATURA COM
(VR A 15 (4))	HUBBARD FUNERAL	HOME, INC. 4107 WILL	KENS AVE.	און איט וטער	01



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MAR 4 1982 Thomas Van Warthen

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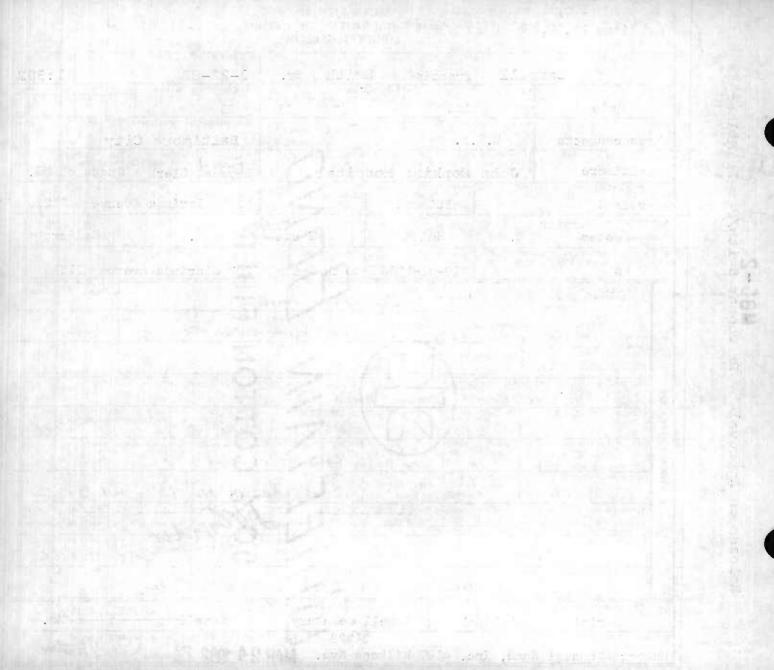
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5-	10 CI	ITY OR TOW	N OF DEATH		OSPITAL, NURS			TITUTION	120. USUAL C				OF BUSINESS OR
23		Balti			JOHNS I		IS HOS	PITAL	(TYPE OF WORK	FOR MOST OF	WORKING [IF]	INDUSTRI	
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	()	NO OR UNK	NOWN) (IF YES, GIV	E WAR OR OATES)					Smith	4922	Iva	nhoe	Avenue
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7	IC.	196 DATE O	F OPERATION	146 CONDI	HON FOR WHICH	H OPERATION	WAS PERFO	RMED	200 AUTO		206. IF YES, IN CERTIFY	WERE FINDS	INGS USED S OF DEATH?
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9		LOS CONTROLLES TO STATE OF THE							RT 1 OR PART 2)				
/	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19											
-	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)					211 LOCATION STREET CITY OR TOWN COUNTY					STATE	
	>	AT WORK	NOT WHILE	(AI HOME SIKE	ET, PACTORT, OFFICE.	, PARM, ETC)	Since				inh.		STATE
		220.1 certif	y that (I) (this hospit	al) attended the	deceased from	3/1/	82	. 19	_, to _ 3	12/8 6	-	9,	that (I) (we) last
		sow the deceased alive on 3/2, 1982, and that in (my) (our) opinion death occurred on the date and hour and foobove, (1) (we) (did) (did not) view the body after death.								and from the	couses stoted		
		27b. SIGNATURE , DEGREE 22c. DATE SIGNED								SIGNED			
			W. B	alle				TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	NPO	31	12/82
1		22d. PHYSIC	IAN'S NAME (TYPE O				22e ADDRES	S		1			
		E ST	W. BA	HLKE			50	IINS HO	OPKINS	110	SPIT	AL	
	23a B	URIAL, CREA	MATION, REMOVAL	23b. DATE	236	NAME OF CE	METERY OR C	REMATORY	23d LOCAT	ION			
	(SPECIFY	ial	3/8/8			Hill		Ball	timor	re	CO.	MD

1101 EDRESS North Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. NAMC. March F/H

~ 1	36	items 12a,15 For item 14,15,2	and 23b 23b #G56	and 23 1	MENT OF H	EALTH AND MENTAL HYG	IENE 8 2	0	6 8 4 1
10 3=/		REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIF	ICATE OF DEATH	REG. NO	O. MONTH DAY	YEAR 26 HOUR
y of the state of	(TYPE	Car	roll	Francis	S	mith , Sr.	3-22-82		1:30
in Pege Smo	3. SE	Male	4. RACE WI	nite	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS
12 5X		RTHPLACE (STATE OR FOREIGN COUNTRY) assachusetts	76 CITIZEN OF	.A.	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore City o		
		Baltimore	John	Hopkins	ADDRESS) HOS	pital	120 USUAL OCCUPATION OF CONTROL O	on De working life) Lerk	126 KIND OF BUSINESS OR INDUSTRY tate of Md.
Red in nould be	20	AL RESIDENCE (IF NURSING HOLE OF STATE AND COULD		Baltimor		13d. INSIDE CITY LIMITS?	3202 Clari	inda Ave	nue 21230
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popers. I novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	line for (a), (b), and	d (c),)	REMORI FAIL		ida mven	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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d Mental Hygiene prior	CERTIFICATION	190. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO
or Item 18 sho		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	216. HOW INJURY OCCURR		RY IN ITEM TS PART I	OR PART 2)
e os the bu olthond Mo morked ör l	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	3202 CLAR	UNA NE	a	county STATE
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A OIS		22b. SIGNATURE	wiland	^	H	DEGREE DERTIFICATION ATTENDING PHYSICIAN	MEDICAL PHYSIC	EXAMINER .	3/22/8Z
Should be detored with the Stote IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE (MIL	NER			PRINS trosPi	THE	
	23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/24/			EMETERY OR CREMATORY Cemetery			ounty Ma STATE
30M 2/80 15, 4)		UNERAL DIRECTOR Shame Shard Funeral	Home, In	c. 4107 W	Vilker	21229 25m. DAT as Ave. MAR	2.4 1082. 7	256. REGISTRAR	S SIGNATURE

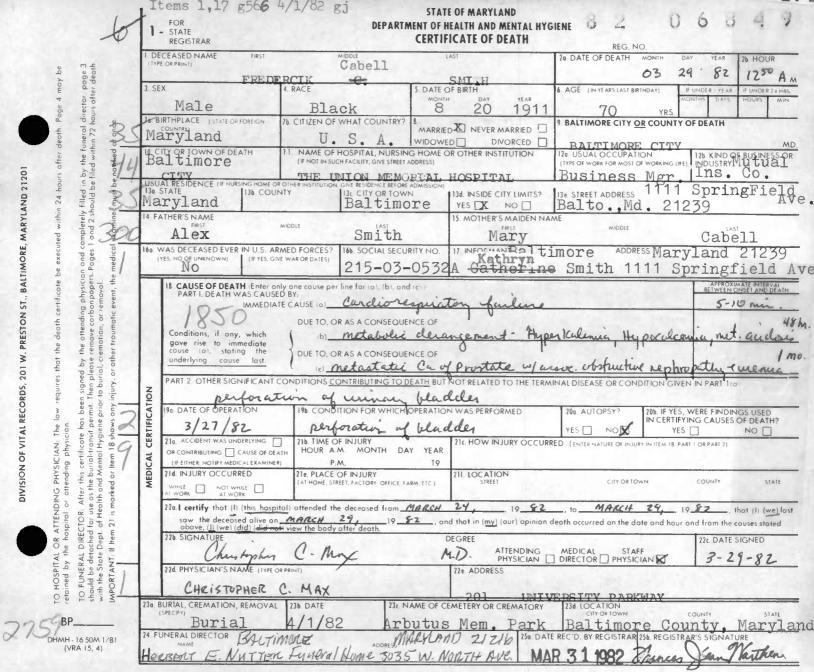


DHMH - 16 50M 1/BI (VRA 15, 4)

STATE OF MARYLAND

21	1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE & &	()	6 3	4 5
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21		sow the deceased alive on above (1) (we) (did) (1) (b)	March 2	ntter denth	82, or	d that inXiX) (our) opinion o	death occurred on the da	te and have	and from the	couses stated
If Hem 21		226. SIGNATURE	wew the body	n n		DEGREE		- 17	22c. DATE	
T. 16		Rolph	///	inmlien		MD ATTENDING PHYSICIAN	MEDICAL STAF		3/2	28/83
Z		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	7		22e ADDRESS	, omeeron in this ice	A. A.	1 0/ ~	
MPORTANT		Robert Amml	ing M F	0		c/o Marylamo	d Conoral He	cni+-	.1	
3	23a F	BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	123d LOCATION	23 DI CO	11	
		remation	3/30/			lount Cremator	CITY OR TOWN	Ore	COUNTY	vland
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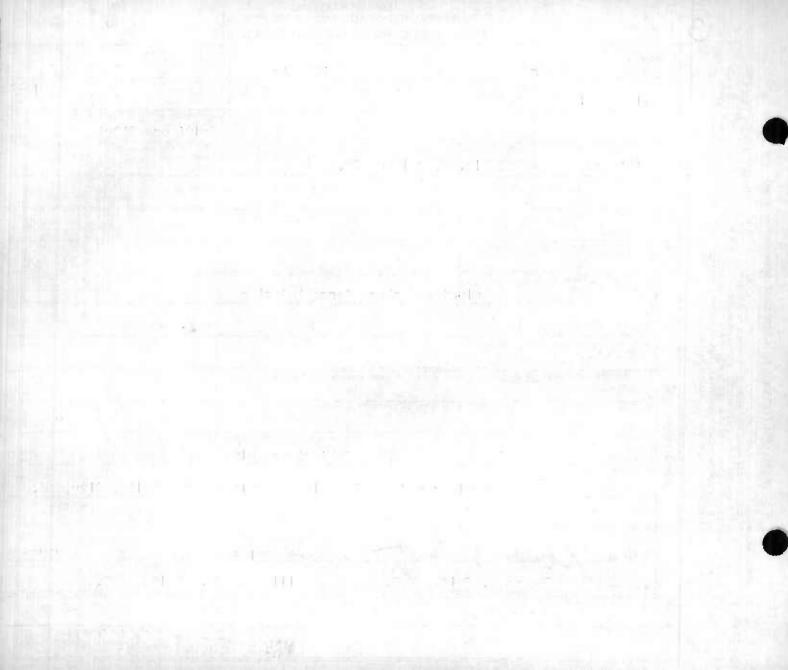
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-OF DEATH MATED 19 82 Howard Smith 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED 19 82 Black Male DEAD 21 45 36 Je BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City, DIVORCED 2, AND 3 TO THE 13. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, 201 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS N. Calhoun St. FOR MOST OF WORKING HEEL OR INDUSTRY Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? 134 2329 Bryant Avenue Baltimore SIVE PAR ITH FORM PM PAGES I AND 2 SI IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Mildred Douglass Smith Howard 7 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES Mildred Douglass 1412 Argyle Ave. N/A No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CREMATION, OR REMOVAL. Blunt and sharp force injuries DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 HIGHE WRITING IN THE CENTER FORMER PAGE 3 SHOULD BE USED AS A COTOR, PAGE 3 SHOULD BE USED AS A COTOR PRIOR TO BURIAL, CREWATHER PAGE 3 SHOULD BE USED A COTOR TO BURIAL CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING YOR Subject assaulted 6 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21 LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEARD DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P AT WORK NOT WHILE 700 Blk. N. Calhoun St. school grounds Balto. City. 220. I certify that I took charge of the remains delta bed above, held on Autopsy Inspection and in my apinion death resulted fram Undetermined manner TITLE (SPECIFY) DATE M.D. Deputy Chiafpical ExaminER 3/7/82 SIGNATURE EXAMINER'S NAME D. Smith. M.D. Balto. MD. III Penn St. Thomas (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD Baltimore CO. Burial King Memorial Pk. 3/11/82 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR ASS REGISTRAR'S SIGNATURE **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5)

15M 2/80

STATE OF MARYLAND

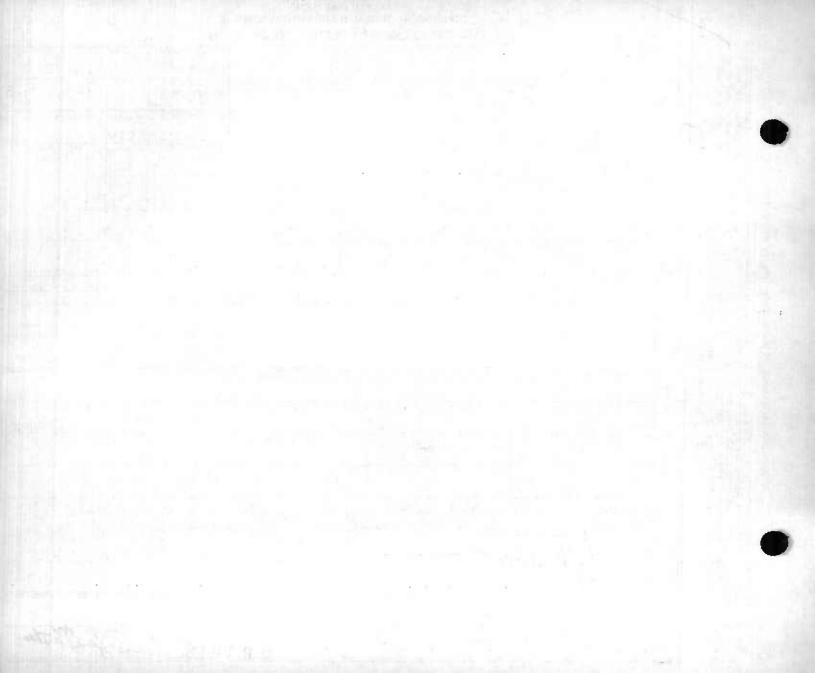


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7	24,1		TYPE OR PRINT)	rving	Smi	th		3-6-82	M
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T I	(16)(E)	0	Md/	US	WIDOV	VED DIVORCED	Balto.	City	MD.
1		-	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
201	51 6	0	Balto.		ge combe Cir		Handyman	Self	employed
MARYLAND 2120	fulled in	3	SUAL RESIDENCE (IF NURSING HON 30 STATE 136 CO	ME OR OTHER INSTITUTION, GI OUNTY	ve residence before admission Baltimore	134 INSIDE CITY LIMITS?	2838 Edge oo	mbe Circle	
RYL	2 2	1	FATHER'S NAME	WIDDLE	1AST	15 MOTHER'S MAIDEN N.	AME	14	
WA	1000	20	George	Mode	Smith	Aurelia	MIDDLE	Gra	y
	74 3	F 1	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATEST	SOCIAL SECURITY NO	17 INFORMANT	2838 Edge 00		
BALTIMORE,	100		yes	2	17-18-1428	Ralph Lee	Balto., Md	21215	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	been signed by the attermit. Then please remove or prior to buriol, cremotion, any injury, or other traum		Conditions, if any, which gove rise to immediate couse 101, stoting the underlying couse lost PART 2. OTHER SIGNIFICATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR A	S A CONSEQUENCE OF	T NOT RELATED TO THE TER	winal disease or condi		
e lov	n. no perm ne pr	2				or maren onne	YES TO NOT	IN CERTIFYING CAUSES	S OF DEATH?
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OF V	s certificate burial-tronsit Mental Hygi	7	OR CONTRIBUTING CAUSE O	DEATH	MONTH DAY YEAR		/		
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TTEN	TOR for u of He		sow the deceased alive	e on 2 2 2 d not) we the body at	ter depth 19 2	and that in (my) (our) opinion	death occurred on the dat	e ond hour and from the	couses stoted
0 80	hos ihed ept. Hem		221 SIGNATURE	1	er deom.	DEGREE		22c. DATE	SIGNED
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23	ē ≒ ₹ 3 ₹ -	2	30. BURIAL, CREMATION, REMO	VAL 23b. DATE	23¢. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	county	STATE
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	- 16 60M 1/75	2	1. FUNERAL DIRECTOR	11	ADDRESS MC1.		TE REC'D. BY REGISTRAR		WHE TOTAL
(VR	A 15 (4))		11 h it went	4/14/1-	NI WILL.	100, 415+ MD	R 9 1982	Planes Sugar	est Ashes

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20世界中で	10 C	TY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOME	, OR OTHE	RINSTITUTION	12a USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE)	OR INDUSTRY
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- 20 NO -	TITLE	I DECIDENCE	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSIO	ON)			
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DELAY 1B. GWE PAGES 1, 2, AND 3 TO 11 S. WITH FORM PM. 3. RETAIN PA AIT. PAGES 1 AND 2 SHOULD BE FINE E., DIVISION OF VITAIRECORDE.		TATEMD 136 COUN	lTY	Baltimor	e	13d. INSIDE CITY LIMITS?	1712 Latrobe	St.
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BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, I'ITH FORM PM 3. PAGES 1 AND 2 S IVISION OF VITAL	N	O (WE DAKNOWN)	WAR OR DATES	245-10-13	328	Martha S	91-60 193r Smith Hollis, W.	V. DC.
ST., BA OURS A OURS A WIT. PA WIT. PA	F	18 CAUSE OF DEATH (Enter or	ly ane cause per line	e far (a) (b) and (c))				APPROXIMATE INTERVAL
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	-	gave rise to immediate cause (a) stating the under-	(b)					
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD."PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH. WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR,TO BURIAL,		AT WORK AT WORK			-			
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1205	24. F	UNERAL DIRECTOR				25a. DATE R	EC'D. BY REGISTRAR 25b. REGISTRAR	GNATUR Wather
DHMH - 17 (VR A15 ME (5))	W	m. C. March I	F/H 110	1 E. North	h Ave	e	AR 19 1982 Tornes	Jan Karren
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STATE OF MARYLAND



DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

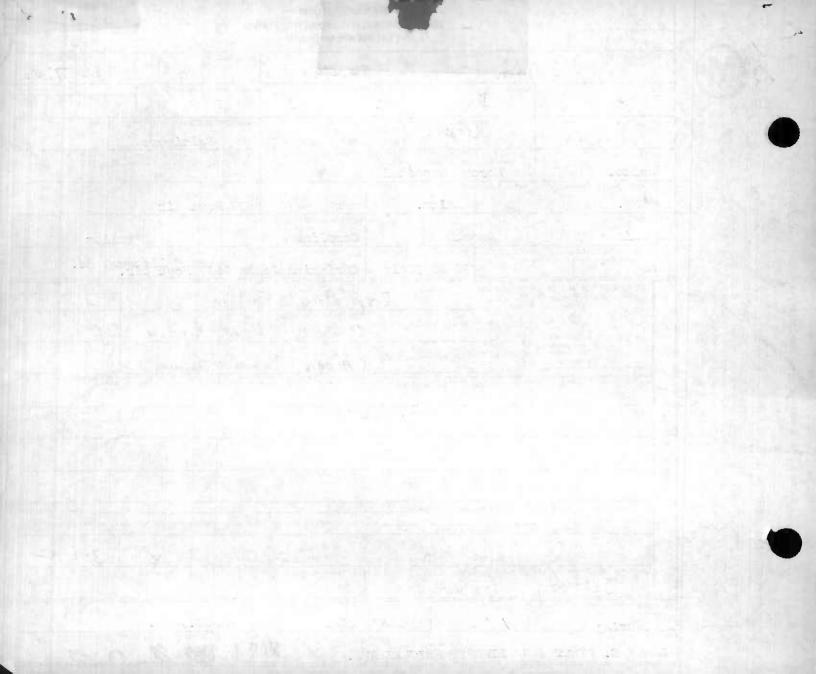
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MONTH	D	AY	YEAR	26. HOUR	

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	3. SE	Fe '	Black	S. DATE	DAY 1927	6 AGE (IN YEARS LAST BIR	MONTHS DA	
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20	14. FA	THER'S NAME FIRST MI	DDLE LAST	,	15. MOTHER'S MAIDEN N.	AME	1	LAST
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		220.1 certify that (1) (this haspital			3/10 19 82	, 10	3/12-19 82	that (I) (we) last
		sow the deceased alive an above, (I) (we) (did) (did not):	view the body after death.		nd that in (my) (aur) opiniar	death occurred an the de	ote and havr and fram	the causes stated
í		226. SIGNATURE	lehooh		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ / 3	12/82
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	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY			
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	24.FL	JNERAL DIRECTOR	ADDRE	ss	25a. DA	TE REC'D. BY REGISTRAR	25h REGISTR R S SIGN	Tarther
	1	15. HIPORTON	· 1701 LAWRI	EN5	(m) . (m)	7061 C T NY	Charces D	A CASAR CONTRACTOR

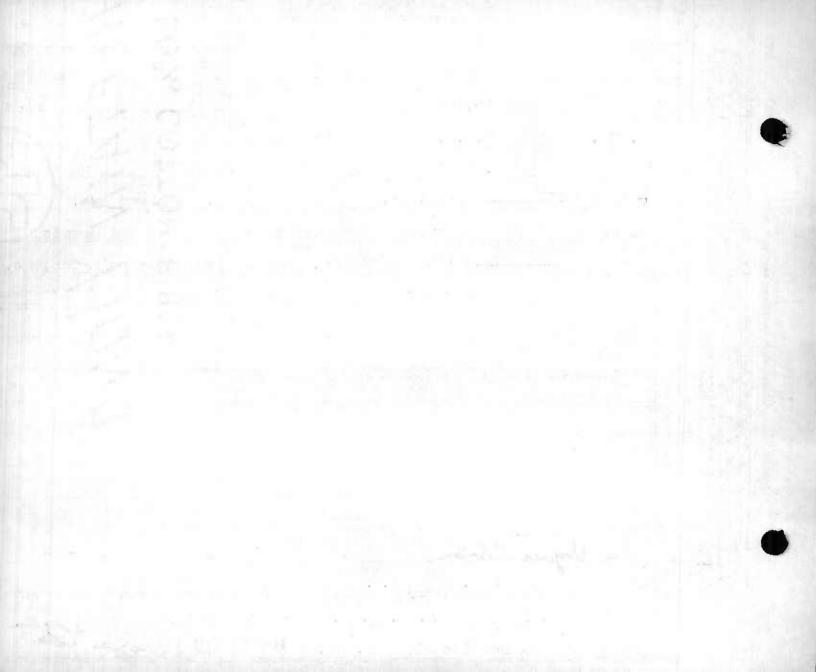
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STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTI Smooth alomon 82 3 SEX 4 RACE IF UNDER I YEAR LIN YEARS LAST BIRTHDAYS DAY 25, 1896 87 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED abama Baltimore WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING HEF Balto. Mercy Hospital JOUAL RESIDENCE (IF NURSING HE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 9937 Hout Cir Balto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Eli jah Smooth Caroline Fuller ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Christina Jones 9937 Hoyt Cir. Md. no 36 25 3701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM ETC) CITY OF TOWN COUNTY STREET STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. __ that (1) (we) last saw the deceased alive an above. (1) (we) (did) (did not) view the bady after death. and that in (my) (our) opinion death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME OR PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY BALTO., MD. 3/6/82 WOODLAWN CEM. Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LEROY O. DYETT 4600 LIBERTY HEIGHTS AVE.

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME KNOWN KK MONTH 2a. DATE (TYPE OR PRINT) Goldie Mae Navlon Snyder DEATH MATED 3 26 1982 4 RACE 6. AGE (IN YEARS SEX 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE 3:58 YEAR LAST BIRTHDAY) PRONOUNCED White FOR YOU WITHIN 72 Female 26 1082 13. DEAD 1923 58 YRS D. M Za BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Va DIVORCED S. RETAIN PAGE 5 SHOULD BE FILED, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Baltimore Highland Avenue Housewife Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 27 S. Highland Ave. 13b. COUNTY 13d. INSIDE CITY LIMITS? Baltimore Maryland YESX USED AS BURIAL - TRANSIT PROBLES 1, 2, USED AS BURIAL - TRANSIT PERMIT. PAGES 1, AND 2 SI OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL I CREMATION, OR REMOVAL. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Thomas Sanson Gertrude Morris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 234-30-1962 No Mr. Ronald Fleming Kennsington. BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIAL. YES XX DEPARTMENT BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 THE PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITING ADGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes XX death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 3-27-82 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 0. 0. F. Cemetery Flemington Taylor 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 leming Funeral Service Benson, Md. (VR A15 ME (5)) 15M 2/80



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0		
١	1. DE	CEASED NAME FIRS	Т	WIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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	3. SE	X	4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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0		Maryland	USA		WIDOWE		ORCED	Beltimore	City		MD.
1.	10 C1	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	120 USUAL OCCUPAT			OF BUSINESS OR
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M		Isadora		Sommerfel	d	Jenn				Graenhoo	
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of the			WI	215-05-7	639A	Mrs. M	abel S.	. Sommarfal	d S	ame as #	1 13
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		cause (a), stating the	e DUE TO O	H AS CONSESSION	INCY OF	0 -	4	4			
			(8)	NE	com	as Mu	me	Morning	-		
	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	O THE TERMI	INAL DISEASE OCON	DITION G	SIVEN IN PART 11	0
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	ERT	21a. ACCIDENT WAS UNDERLYIN	G [] 21b. TIME C	OF INJURY		21r HOW IN I	LIRY OCCURR	YES NOW		YES _	NO 🗌
7		OR CONTRIBUTING CAUSE C	OF DEATH HOUR A	M. MONTH DA			on rocconn	ED (ENIER NATURE OF INJU	CT IN IICM IS	o PARI I OR PARI 2)	
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3		above (I) (Ve) (tild) (al	of) view the bady	after death_/		DEGREE				22c DATE	SIGNED
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1		THE PHYSICIAN'S NAME (TIPE OR PRINTED	2001		22e ADDRESS	HISICIAIN	DIRECTOR THIS	/		
		HARRY L	· KNIDE	MD		5411	old	Hedeuck	Pd.	212	29
	23a B	BURIAL, CREMATION, REMO	VAL JA BAY	23c N	NAME OF C	EMETERY OR CI	REMATORY	23d LOCATION	. ,	01/01	1
	(Burial	4/1/8	2 Lo	udon	Park Ce	neterv	Baltimor	е	COUNTY	STATE Md.
	04.51							_			

DHMH - 16 50M 1/B1 (VRA 15, 4)

Witzke P.A.

ADDRESS 1638 Edmondson Avenue, Catonsville, Md. 21228

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

22c. DATE SIGNED

COUNTY

UNDER I YEAR

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

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DHMH-16 30M 2/80 (VRA 15, 4)

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
	CEASED NAME FIRST		WIODLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
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	ale IRTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY	Jun	e 28 1902	79	YRS.	DEATH	
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(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	220-36	-8346	Helen May	Springhan	n (wife) addr	TILL C
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CATION	19a, DATE OF OPERATION	19h COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDING	SIISED
FIC						Manager Maria	IN CERTIFYING	G CAUSES OF	F DEATH?
CERTIFI		21b. TIME C	SE MILLIAN		at tion blump accus	YES NO	YES [NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
CAI	(IF EITHER NOTIFY MEDICAL EXAM		.M.	19					
MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE	F FARM FIC \	21f LOCATION STREET	CITY OR TO)wN	COUNTY	STATE
2	AT WORK AT WORK							0 -	
	220 I certify that (X (this h	ospital) attended th	e deceosed from	March	24, 1982,	March	. 19_	62, the	1 (1 (we)
	sow the deceased who obove(1) (we) (did 14)	March 2	19.	82 , or	d that in (my) (our) opinion	death accurred on the d	ate and hour and	d from the co	uses stated
	22b. SIGNATURE	erner) view the body	ofter death.		DEGREE			22c DATE SIG	
	and	1 4 he	- Ans)	ATTENDING	MEDICAL STA			
	224 PHYSICIAN'S NAME I	XX	J 11/1	1.	PHYSICIAN [DIRECTOR PHYSI	TIAN	3/27/	82
	THE PHYSIC HAN'S INAMES IT	THE CHEMINE)	1		22e ADDRESS				
	Joseph Ger	nt, M.D.			c/o Marylan	d General H	ospital		11.65
	BURIAL, CREMATION, REMO	VAL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	3/30	/82 V	Woodla	าพท	Balti		YIMU	STATE
24 F						TE REC'D. BY REGISTRAR			
	~ C PATH-4 WHITH A ~ 1 = 1	ו ממים מנויו	Lama	20.0	230. UA	IL REC D. DI REGISTRAN	TIO KEODINE	2.2 ICHAMIR	Charles and the same of the sa
	Schimmek 1	Lane,	Home PORES	inc.	2.4.4		P. REGISTRE	La T	other

Jersey tic Latelours of transit TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or it measurables to the most is marked or term 18 shows any injury, or other traumatic

etained by the haspital or attending physician

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

	REGISTRAR			CERTIF	ICATE OF DEAT	H	REG. N	10		
	1 DECEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	EIL	EEN	Α.	SI	PULICK	2.50		2	3182	8 AM
4	3 SEX	4. RACE	111-2011	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Whit		June	11, 1905	E AR	76	YRS.	MONTHS DAVS	HOURS MIN,
4	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
>	Maryland	U.S.A		WIDOWE	DIVORC	ED 🗆	BALTO.	CITY		MD.
ŀ	10. CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTI	NOI	12g USUAL OCCUPAT TYPE OF WORK FOR MOST OF HOUSEWI	DE WORKING LI	126 KIND O INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	PELIAL					
S	Maryland 136 COUR	NIY	Baltimo		134 INSIDE CITY LI		13e STREET ADDRESS 2917 Mon	tebel]	lo Terra	ice
	14 FATHER'S NAME FIRST John	MIDDLE	Spulick		15 MOTHER'S MAI		MIDDLE		Dunn	1
1	160. WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	220-48-7	090	Mr Max	Spul:	ick	San	ne	
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per D BY:	0	1		4			BETWEEN C	MATE INTERVAL ONSET AND DEATH
1		E CAUSE (D)	Kespine	ron	1 arrai					
	Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE		0000	100				
	gove rise to immediate couse (a), stating the	(p)		DINCL	eexi	2000	1			
ı	underlying couse lost.	(c)_	AS A CONSEQUE	C CLED	al in	fai	et		1 AV 5%	
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GIV	'EN IN PART 10	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	>	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	IGS USED
4	TIFE						YES NO	YE	YING CAUSES	NO [
1		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2]	(Vila
1	(IF EITHER NOTIFY MEDICAL EXAMINER) P.		19						
	WHILE NO WHILE	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET		CHY OR TO)WN	COUNTY	STATE
1	220.1 certify that (1) this haspi	tal) attended the	document from	2/	24 10	942	2/3/		19_97	
١	tow the deceased vive on above (i) (ive) (did) did no	3/3	0 19 8	Z on	, y	opinion de	eath occurred on the d	ate and hou		that (I) (we) last couses stated
1	17 SIGNATURE	L STEEL STORY		1	DEGREE				22c. DATE	SIGNED.
4	Valut 1. D	m	- was)	ATTEN PHYSI		MEDICAL STA		3/	31/82
1	228 PHYSICIAN'S NAME TYPE O	RPRINT)			22e ADDRESS		COLUMN TO STATE OF THE STATE OF		margine.	
1	ROBERT A. DU N	JUHN					TAL HOSPIT	AL	25 141	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		AME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	177	COUNTY	STATE
	Burial	4/3/8	2 E	loly (Baltimo		aryland	
	24 FUNERAL DIRECTOR		ADDRESS		11-11-11-1	250. DATE	REC'D. BY REGISTRAR	256. REGIST	RAP SIGNATI	en_
1	Leonard J Ruck	Inc. Ba	Itimore,	Maru	land	ALI	1 1982	Course	60 Jan	/ keithen

1911518 Con cost. may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL

HYGIENE CERTIFICATE OF DEATH

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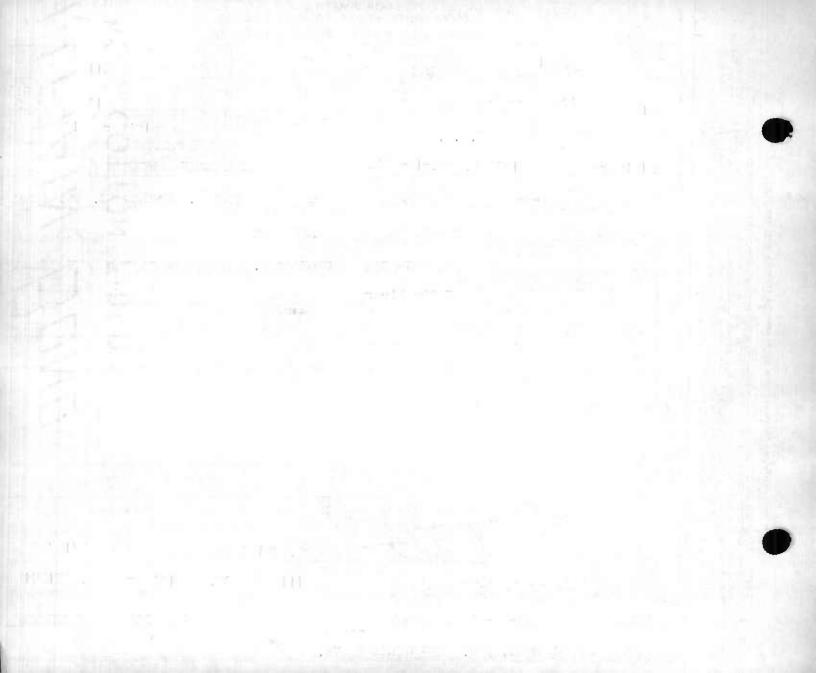
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1	3. SE)	MALE.		RACE	4. ASJAN	MONT MA		1906	75	AKS LAST BIRTHU	YRS.	MONTHS DAYS		MIN.
		RTHPLACE STATE OR FOR	REIGN 7b.	CITIZEN	OF WHAT COUN	VTRY? 8			9 BALTIMO	RE CITY OR		OF DEATH		
5	ď.	MO.		U.S	5. A.	WIDOW		IVORCED [BA	Tim	DRE	- Ci-	TY	MD.
3	0	ALTIMORE (7775	OF IT	SUCH FACILITY, GIVE		OR OTHER IN:	HOSPITAL		CEOR MOST OF V		126. KIND INDUSTRY		erk
3	USUA	AL RESIDENCE (IF NURSIN	IG HOME OR OTH		13 CITY OF	E BEFORE ADMISSION)	CITY LIMITS?	13e STREET	ADDRESS P	Roc	KIUNI	A	F
7	14 FA	THER'S NAME	MIDI	DIE	LAS			'S MAIDEN NAM	AE	WIDDLE	VCOC		s (Lem	2
U	(HARLES	4.	. 2	PURR	12R		ARGAR	ET.			XXXXX	XXXXX	XXX
		VAS DECEASED EVER H	U.S. ARME			1 SECURITY NO. 40-2197	17 INFORM	terine	Tyzn	ADDRESS	BALT	1. RIVE	RUFU	3 Rd
F		18 CAUSE OF DEATH PART I. DEATH WA	Enter only o	one couse	12 -0	1 0	100	FT L			21101		XIMATE INTER	VAL DEATH
			MMEDIATE C		(1 /2/8)	9-KEST	. Ann	EIT						
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	Conditions, if ony, which gave rise to immediate										100			
		couse (a), stating	the "	DUE TO	ORAS A CON	SEQUENCE OF	/	/_	w.					
		underlying cause	last	((c),	were	- MON	reyfu	LEC	31-14	cp.				
1	z	PART 2 OTHER SIGN	FICANT CO	NDITIONS	CONTRIBUTIN	G TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASI	OR COND	ITION GIV	EN IN PART 1	(a)	
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2	CERTIFICAT	190 DATE OF OPERATI		21b. TIM	E OF INJURY		21c. HOW 1	ORMED	YES 🗀	NO	IN CERTI	YING CAUSE		
2	AL CERTIFICATION	21a. ACCIDENT WAS UNDE	RLYING AUSE OF DEATH	21b. TIM	E OF INJURY A.M. MONT	H DAY YEAR	21c. HOW 1		YES 🗀	NO	IN CERTI	YING CAUSE	S OF DEAT	
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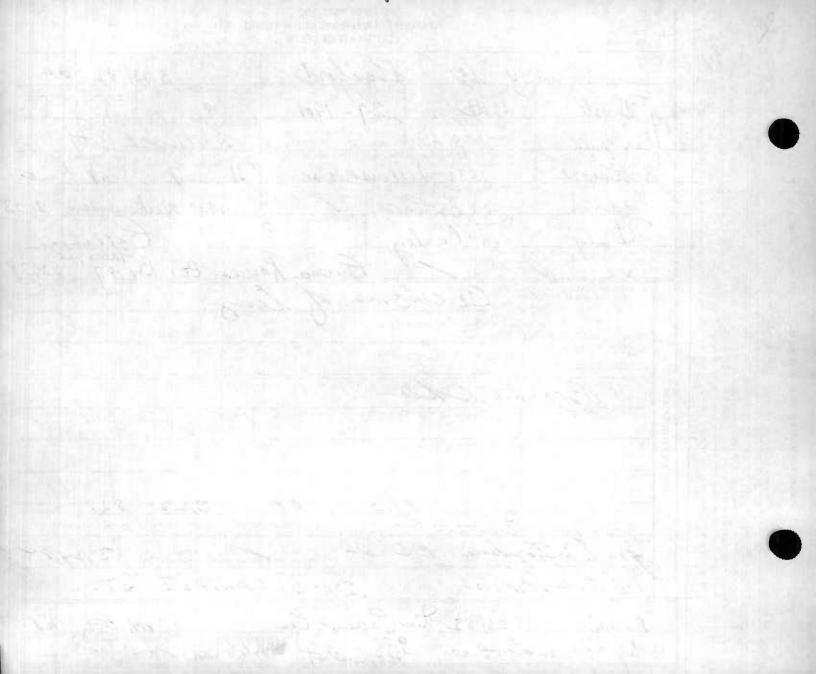
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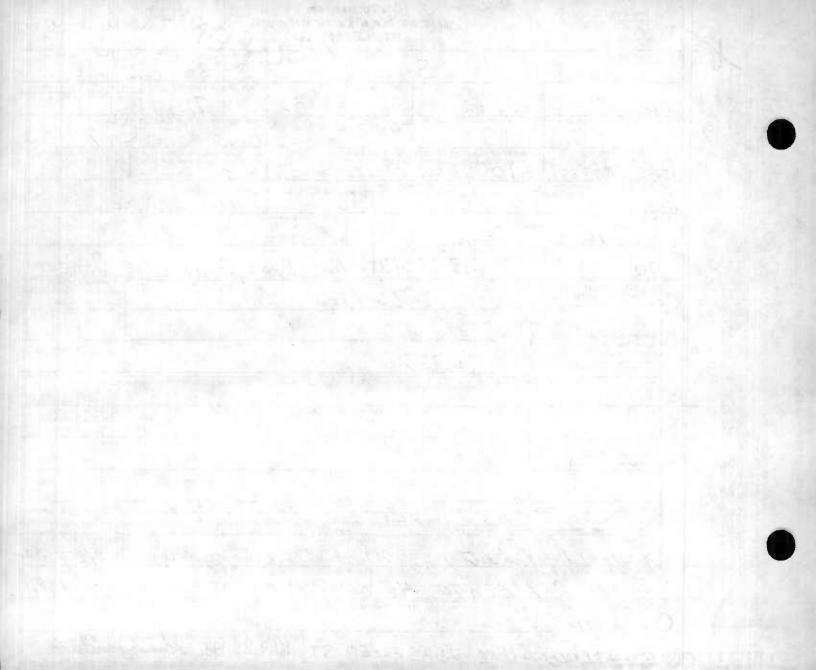
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	1	FOR		DEPARTMENT OF HEALT	H AND MENTAL HYGIE	NE 2	6 5 0 4
d	1-	STATE REGISTRAR		DICAL EXAMINER'S			
		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN V) MC	ONTH DAY YEAR 26. HOUR
28 € 50 8 €	{141	PE OR PRINT)	VESTER (CHARLES STA	NCAVAGE	OF ESTI-	3 8 19 82
RY, PLEASE DIRECTOR. ON FILES. 777 HOURS	3. SE		5. DATE OF BIRTH	6. AGE (IN YEARS IF U	INDER 1 YR. IF UNDER 24 HRS	S. 2c. DATE MO	NTH DAY YEAR 26 HOUR 8:3
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2000		ENNSYLVANIA		J 4114		ISUAL OCCUPATION (TYPE OF W	WORK 126 KIND OF BUSINESS
を表面をかり	1	2 141	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	A.D. FC	OR MOST OF WORKING LIFE)	OR INDUSTRY
DON'S STORY	UŠŪ	Baltimore AL RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION GO	VE RESIDENCE BEFORE ADMISSIONS	MA MA	INTENANCE WORK	
IF ANY DEL IF ANY DEL 2, AND 3 TO 33. RETAIN P SHOULD BE NECORDS	T3a S	MARYLAND 136 COU		BALT IMORE	13d. INSIDE CITY LIMITS? 13e ST	TREET ADDRESS 203 N. CHARLES	S ST. 4B, 21201
S	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN NAM		LAST
HE SE	0	ONUFRAS	MIDDLE	STANCAVAGE	MARGARET	MIDDLE	RAVEFNIS
TIMORI FTER DE F PRAGE FORM JON OF	16a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	TOTAL DELIVED
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. JUD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. F. MEDICAL EXAMINER ALONG WITH FORM PM. 3. ED AS A BURIAL TRANSIT PREMIT PREMIT PAGES 1 AND/2 SI ALL, CREMATION, OR REMOVAL.	(1	ES, NO, OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	205-07-4358	CECILIA A. S	TANCAVAGE 3392	DULANY STREET
URS AND WITH WITH DIVISION		18. CAUSE OF DEATH (Enter of	anly ane cause per line				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON 51., w. WITHIN 24 HOUF ENCIL IN 1TEM 18. MINER ALONG M MINER ALONG W MINER ALONG W MINER ALONG W MINER ALONG W OR REMOVAL.		PART I DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Fatty Liver			BETTEEN ONSET AND DEATH
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INGE		AT WORK AT WORK					
PAR	1	22a I certify that I took ch	to at the remains des	cribed above, held on Auto	psy X, Inspection L,	Inquiry . and in r	my opinion
SER DES		death resulted from	hybol courses IXI.	Accident . Huicide .	, Hamicide Und	determined manner,	
A WENT OF THE PROPERTY OF THE		ACTUAL //	1-11	9	TITLE (SPECIFY)		ATE 3/19/82
ATA SHE	1	SIGNATURE 4	sorrouge	muy	Dept. Chief		GIGNED
NO PER S	-	EXAMINER'S NAME				St., Baltimore	e. Md. 21201
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT) hom		h, M.D.			O, 110.
EDSE49	23a.B	URIAL, CREMATION, REMOVAL SPECIFY)		23c. NAME OF CEMETERY	CI	LOCATION ITY OR TOWN	COUNTY STATE
1100 BP		BURIAL	03-27-82	LOUDON P		SALTIMORE CITY	MARYLAND
DHMH-17	74 F	UNERAL DIRECTOR	ADDRESS.	21		BY REGISTRAR 256 REGISTRA	(R'S SIGNATURE
(VR A15 ME (5))	H	UBBARD FUNERAL	HOME, INC	4107 WILKENS	AVE. MAR 2	6 1987 Thomas	Janlastha

STATE OF MARYLAND







AL THE STREET STREET AND ASSESSED. C. 1. C. 1. 1. 8 3. - 1. 5 1. 5 The second of th William Carlo Barrello Barrell

CERTIFICATION

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTI William G March 15, 1982 Stewart 5. DATE OF BIRTH 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR May 113, 1904 YEAR Male White 77 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland U.S.A. Baltimore Citu WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION To usual occupation Retired ME Grenans 12b. KIND OF BUSINESS OR 3131 Chesley Ave Baltimore Electric Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS Baltimore 13d INSIDE CITY LIMITS? Maruland YES KT 3131 Chesley Ave NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Margaret Stewart Hager 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Glen Arm, Md (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-05-4826 Mrs Elise S Gahm 4114 Halifax Ct 18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse tol, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID THE DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 70e AUTOPSYY 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 31s ACCIDENT WAS UNDERLYE 21h TIME OF INJURY TIL HOW INJURY OCCURS CANNER HARTLING OR PHILIPP OF TERM OR PART I CHE MART DE DAY YEAR CR CONTRIBUTING CONTRACTOR DEATH CIFETHER, NOTEY WEDICAL EXAMINERS P.M 214. INJURY OCCURRED THE PLACE OF INJURY TH. LOCATION TARM 57C.1 COUNTY AT HOME, STREET, FACTORY 77x I certify that (I) (this bospital) a our) apiston death occurred on the date and hour and from the causes stated DEGREE 22c DATE ATTENDING Y MEDICAL PHYSICIAN RECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

9005 Harford Rd

23d LOCATION

273_BP______ DHMH-1650M1/81 (VRA 15, 4)

Leonard J Ruck Inc. Baltimore, Maryland

3/18/82

23b. DATE

Frank T Kasik Jr M.D.

230 BURIAL CREMATION, REMOVAL

Entombment

Dulaney Valley Maus. Baltimore, Maryland

250. DATE REC'D. BY REGISTRANT REGISTRANT

Maryland

110 1982

Baltimore, Maryland

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ALTER TO STATE THE SECOND SECTION OF THE SECOND MONTH WITH THE RELEASE Ballingers Mercy Hospital 60 metaltis 5105 x som Hod GIR 2 870 07 Stith Rose Bino 1 No 231-18-3701 Cliver Surent Home Craws Van TO STANK THE TANKS OF LANGER OF THE CORE CORE CORE PERIAL PRATURE Burlas 3/20/82 family Plat Crewe · 24. War C. March Fire User & Martha Ave. 1 148 18 1818 Alex FOR - STATE

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MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	CATE OF DEATH	REG. NO.						
			MIOOLE	L	\S1				26 HOUR			
1111		E	E.	STO	CKHAUSEN		3 9	82	5 D.M			
3. SE		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS.			
	F'	W		Oct.	21, TAY 1885 FAR	196	YRS	ONTHS DAYS	HOURS MIN.			
Je BI	IRTHPLACE (STATE OR FOREIGN			8	-	9 BALTIMORE CITY O	R COUNTY	OF DEATH	The state of the s			
			WIDOWED DIVORCED			BALTIMORE	CITY.		MD.			
10 CI	ITY OR TOWN OF DEATH				ROTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINESS OF						
					th St.	Homemaker						
13a. S	STATE 136 COUR		13c CITY OR TOW	N I	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS						
11.5		V. V. T. T.	Baltimo	re	YES NO	The second secon	nglake	Way				
14. FA	FIRST	MIDDLE	LAST	M	15. MOTHER'S MAIDEN NA.			LA:	ST.			
17. 1			I.u									
	YES, NO OR UNKNOWN) (IF YES, GIV							'nnina'	oleo Uzr			
					Mrs. rauline	MCDOLMan	3209 3					
	18 CAUSE OF DEATH (Enter only one cause pecline for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:											
	IMMEDIATE CAUSE 101 Myotar deal infanction with Congestive Jacker 12 Notes											
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15	Conditions, if ony, which	(b)										
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ATI	190 DATE OF OPERATION	195 CONDI	TION FOR WHICH	OPERATION	RATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FI				NGS USED			
TIFIC	AV Talkinstell					YES NO YES NO NO						
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Sign				19	ZIL LOCATION							
ME	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE			
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20	saw the deceased alive an	March	9 198	6 an	d that in (my) Lourt apinion	death occurred on the do	te and haur		that (I) (wet lost			
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	hMA -1	1		11	1 1) ATTENDING	MEDICAL STAFF						
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	22d PHYSICIAN'S HAVE ITHE	higher .	_		22e ADDRESS	DIRECTOR PHYSIC	IAN	10/	1/82			
	22d PHYSICIAN - THE ITEM	0/2	16		220 ADDRESS DOC	DIRECTOR PHYSIC	SA	712	1/82			
23a B	W.B. Dan	4/5,1	16.	NAME OF CE	Meswick 700	Baltime	ive .	2/2/	1/82			
23a B	22d PHYSICIAN'S BURIAL, CREMATION, REMOVAL SPECIFY) Entombment	4/5,1			220 ADDRESS DOC	Baltino B'altimo	ive i	2/2/	STATE			
	3. SE 3a B Ba 10 C BA ##SU 14 F/	I. DECEASED NAME (TYPE OR PRINT) RATHERIN 3. SEX F BE BIRTHPLACE (STATEOR FOREIGN COUNTRY) BALTIMORE, Md. 10 CITY OR TOWN OF DEATH BALTIMORE CITY JUSTIAL RESIDENCE IN NURSING HOME OF 13a. STATE 13b. COUNTRY Md. 14 FATHER'S NAME FIRST JOHN 16a WAS DECEASED EVER IN U.S. AR (YES. NOR UNKNOWN) 18 CAUSE OF DEATH LENTER OF PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gave rise to immediate cause 10. storing the underlying couse lost PART 2 OTHER SIGNIFICANT (OF 15a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CON	I. DECEASED NAME (TYPE OR PRINT) KATHERINE 3. SEX F A RACE F 3. SEX F A RACE W BALTIMORE CITY BALTIMORE CITY BALTIMORE CITY BALTIMORE CITY BALTIMORE CITY Md. 11. NAME OF I (IF NOT IN SUC KESWI AUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE Md. 14. FATHER'S NAME FIRST JOHN Schmidt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. OTHER SIGNIFICANT CONDITIONS CO OR CONTRIBUTING OUSE last Underlying couse last OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING HOME OR OTHER SIGNIFICANT CONDITIONS CO NO 190. DATE OF OPERATION 191. TIME O HOUR A.I. (IF EITHER NOTIFY MEDICAL EXAMINER) 210. I certify that A WORK 2	I. DECEASED NAME (TYPE OR PRINT) KATHERINE B. 3. SEX F 4. RACE W BEIRTHPLACE (SUNTRY) BALTIMORE, Md. 10. CITY OR TOWN OF DEATH BALTIMORE CITY BALTIMORE CITY WESWICK TOWN BALTIMORE LAST JOHN SCHMICK 136. COUNTRY Md. 14. FATHER'S NAME FIRST MIDDLE JOHN SCHMICK 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per life for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WHILE ATWORN 199. DATE OF OPERATION 199. CONDITION FOR WHICH WHILE ATWORN ATWORN 210. TIME OF INJURY HOUR A.M. MONTH DATE P.M. (IF INTER SIGNIFICANT CONDITIONS CONTRIBUTING TO I. WHILE ATWORN ATWORN 210. TIME OF INJURY HOUR A.M. MONTH DATE (IF INTER NOTIFY MEDICAL EXAMINER) P.M. 210. I certify that A.M. (this haspital) attended the decased from obove, (i) (b) (d) (d) door) view, the body after death.	I. DECEASED NAME (TYPE OR PRINT) KATHERINE E. STO 3. SEX 4. RACE W Oct. 3. SEX F W ARRIED Baltimore, Md. USA USA WIDOWE WISH WIDOWE WIDOWE	DECEASED NAME FIRST	L DECEASED NAME (1787 CAPRILL) REG. NO RATION RATION REG. NO RATION RATION REG. NO RATION RATION RATION REG. NO RATI	LDECEASED NAME	DECEASED NAME			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

DHMH - 16 50M 1/BI (VRA 15, 4)

6500 York Rd. MAR MITCHELL-WIEDEFELD HOME, INC.

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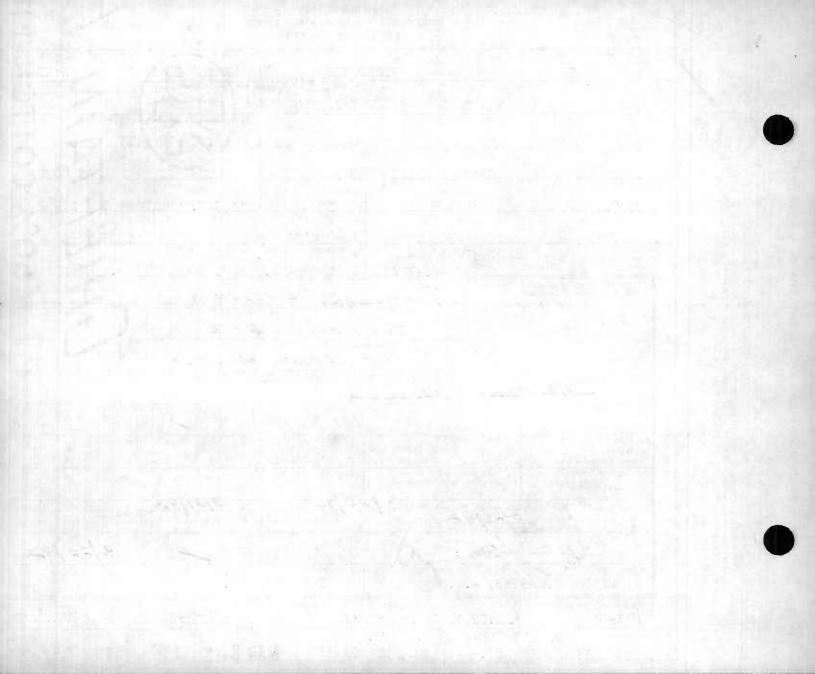
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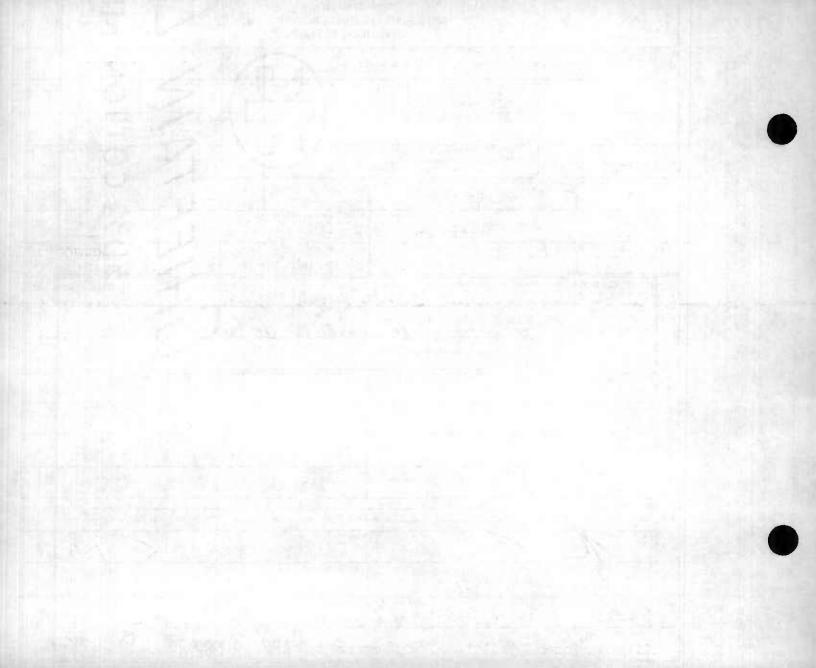
(VRA 15, 4)

STATE OF MARYLAND

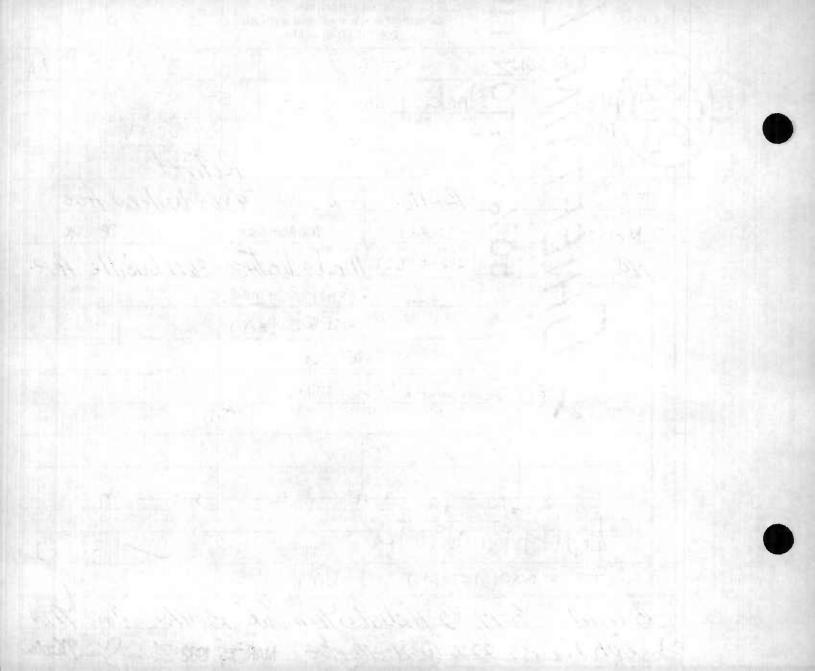
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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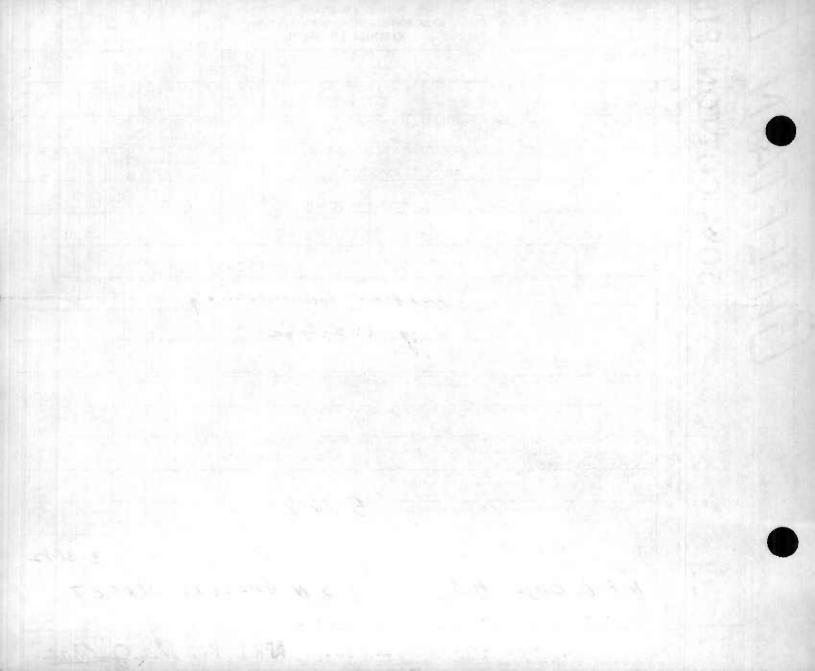


3	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 3 2	0 6	3 / 5
m.e		CEASED NAME NEST	MIDDLE	STU	3BS	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR ZAM
M)	1.56	MAle	1. RACE BIAC	K 800	1 10 01	6 AGE (IN YEARS LAST BIR	YRS MONTHS DAY	
11 35		COUNTRY MD	VSA	MARRI		BAUT	CITY OF DEATH	MD
38	H. C	BALTO CITY	(IE NOT IN SUCH FACILITY	ENT ITY OF	OR OTHER INSTITUTION MP	120 USUN OCCUPAT (TYPE OF WORK FOR MOST C	DE WOKING LIFE) INDUSTR	OF BUSINESS OR Y
35	13a.:	ALTES DENCE (IF NURSING HOME C 13b. COU		Y OR TOWN	13d INSIDE CITY LIMITS?		sileRN A	ve.
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s. Poges		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		2403622	Mr. Leshe	TASCO361	Lucille	Ave.
emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for SED 8Y: ATE CAUSE (0)	(o), (b , end (c)	RESPIRATION 1	MUEST	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
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Then ple r to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	MOT RELATED TO THE TERM	minal disease or con	DITION GIVEN IN PART	lro
strate permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	DN WAS PERFORMED	YES NO	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO []
Amental Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
olth and Me marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME STREET, FACT	JRY FORY, OFFICE, FARM ETC	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
for us of He 21 is		22a.l certify that (I) (this has sow the deceased alive a above, (I (we) (did) (did)	0 3/15/	19 82	nd that in (my) (our) opinion	death occurred on the d	ote and hour and from the	that) (we) last ne couses stated
old be detached the State Dept ORTANT: If Item		22b. SIGNAT	Maura	NMP	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF / 3	E SIGNED
		500 TT	MAUNES	lmp	22e. ADDRESS	0		1
ods w M	23a.	BURIAL, CREMATION, REMOVA	3-17-8	2 HROLL	TUS Mem. 17	123d LOCATION	to, Por	md
50M 1/81 15, 4)	24 F	UNERAL DIRECTOR NAME COOD IN	155 2555	ADDRESS NO	11 /1-1	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	Weither



DHMH - 16 50M 1/B1 (VRA 15, 4)

1 -	STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE S REG. N	0.	0 0	1
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	Male	Bl	ack	6 MONTH	12 08	73	YRS.	ONIHS DAYS	HOURS MIN
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
	S.C.	U	SA	WIDOWE		Baltimo	re Ci	tv	Α.
	TY OR TOWN OF DEATH Baltimore		H FACILITY, GIVE STREET A	ADDRESS	or other institution	12a USUAL OCCUPAT TYPE OF WORK FOR MOST O	ION	12b. KIND OF	BUSINESSO
13a. S	MD 136 COUR		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltime	N	13d. INSIDE CITY LIMITS? YES X NO []	13e. STREET ADDRESS 3931 Du	vall	Avenue	2
14 FA	THER'S NAME James	MIDDLE	Sugg		15. MOTHER'S MAIDEN NAM Mattie	MIDDLE	at Sou	Brov	√n
16a V	VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES?	166 SOCIAL SECUI 247-21-		IZORA Clar	k 3931 Du		Avenue	a
NOI	PART I. DEATH Enter only one couse per line to 101. (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							N IN PART 110	ATE INTERVAL USET AND DEATH
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	obove, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C N. A. D. Ba	O Roy	ofter death. Y. D.		DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAIL DIRECTOR PHYSIC	FF CIAN [220. DATE S 3-	
	URIAL, CREMATION, REMOVAL	23b. DATE	23(N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	3//	4.01	
	Burial	4/2/8			burn Cem.	CITY OR TOWN		COUNTY	STATE
	INERAL DIRECTOR Name C. March		101 E.		25a. DATE	R 1 100		AR'S SIGNATU	RE STATE
		-/ 1		LIOT C	AVC	_ 1000	- I market	Same and the	THE PERSON NAMED IN

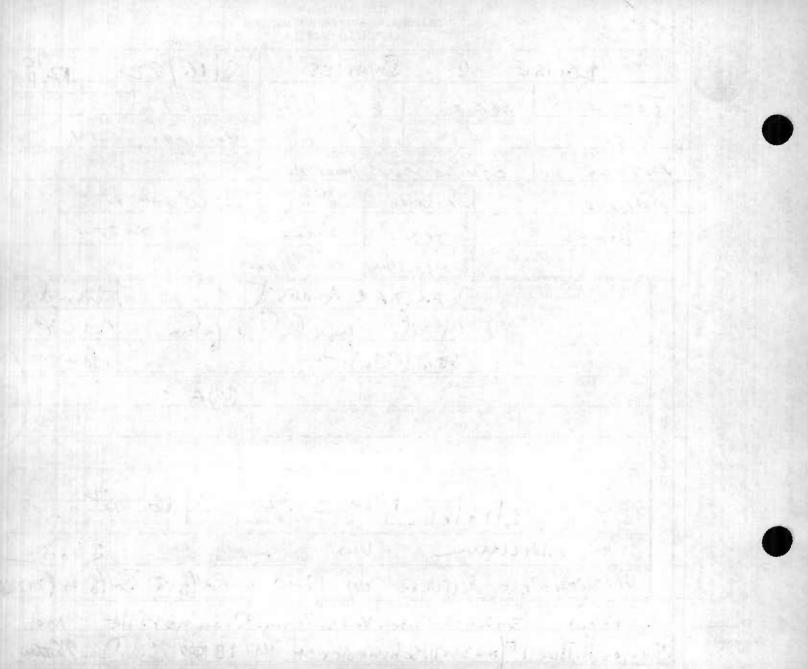


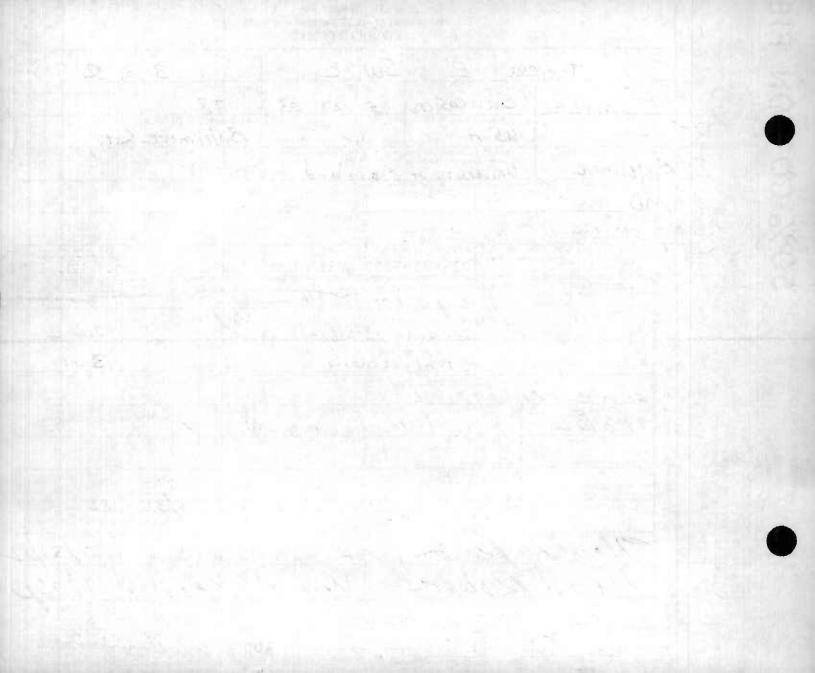
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Ou od		1	SEX	A DACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		ER I YEAR IF UNDER 24 HRS
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AND 212	3	_	SUAL RESIDENCE (IF NURSING HOME) STATE MARYLAND	BALTO. 130. C	SIDENCE BEFORE ADMISSION) ALT IMORE	AES NO LAY	13e STREET ADDRESS 3311 MARN	IAT RD.	#21208
BALTIMORE, MARYLAND 21 cate be executed within 24 ho system and completely filled is	03	ď	FATHER'S NAME HARRY	LEV.	ENTHAL	MOLLTIE	WIDDLE		STLBERG
AORE, execut	dicol	10	WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT DR.	HAROLD SUS	SMAN	
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TON ath c	or natic		10389	DUE TO, OR AS A	CONSEQUENCE OF			9	
dec dec	ation		Conditions, if any, which gave rise to immediate	(b)					
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TTEN	of H		sow the deceased alive a above, (T) (we) (did) (did)	n // view the body ofter o	19, or	id that in 🖛 (our) opinion o	leath accurred on the do	ate and hour and f	rom the couses stated
OR A DIREC	Dept.		22). SIGNATURE	1/6	,	DEGREE			C. DATE SIGNED
4 t 4	ote D		Cecirca	12 0.3	Cu 1	1.D . ATTENDING PHYSICIAN	MEDICAL STAF	IAN	3/22/82
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000 BP_		L	BURTAL	MAR.22,19		ODESH-BETH IS	RAEL BALTI	MORE	MARYLAND
DHMH - 16 50A		2		LEVINSON &	ADDRESS	LAR A P	REC'D. BY REGISTRAR		SIGNATURE
(VR A 15 (4	"		6010 REISTERSTO	WN RD. BAL	TO., MD 21	.215 MAN	NI IJOL A	name of	the same of the same of the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b HOUR HYMAN (HERMAN) 3. SEX IF UNDER 24 HRS AUCASIAN To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXVEVER MARRIED RUSSIA USA BALTIMORE CITY IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION 126 KIND OF BUSINESS OR SINAI HOSPITAL PHARMACIST BALTIMORE SELF-EMPLOYED DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION APT, 401 BALTO. 7219 PARK HTS. AVE. #21208 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME PESSA DANIEL MIDDLE SUSSMAN LIKOVITCH MRS. SYLVIADEBSSMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 7219 PARK HTS. AVE., APT. 401 #21208 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY A SCVD & Severe COPD evere if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T NO 718 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) marked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 17h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 3405 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 3d LOCATION (SPECIFY)BURIAL MAR.24,1982 AITZ CHAIM BALTIMORE MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH-16 60M 1/73 6010 REISTERSTOWN RD. BALTO. MD 21215 (VR A 15 (4))

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5	1.	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	0 6 3 8 3
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ge 4 may be ector, page 3 rs after death	353	emale	RACE Caucasian	5. DATE OF BIRTH MONTH DAY YEAR 21	6 AGE (IN YEARS LAST BIRTHDAY	///
nerol dire		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	
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n and ca Pages 1	16a. \	VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE W.	D FORCES? 166. SOCIAL SECUI AR OR DATES) 218-36-07		Hebb, In. 79	en Burnie, Md.2106 76 Nolpank Road
he death certificate he attending physicic emove carbon paper mation, or removal.		18. CAUSE OF DEATH Enter only. PART I. DEATH WAS CAUSED IMMEDIATE Of Conditions, If any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	nce OF	ment Mal	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
requires that I	NOI	underlying cause last.	DUE TO, OR AS A CONSEQUE (c) NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION	ON GIVEN IN PART 1(o)
he low ri on. has bee t permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
tySICIAN: The dring physicia provide h burial-transit the month of them 18 shared by the month of the month		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	ED (ENTER NATURE OF INJURY IN I	ITEM 18, PART 1 OR PART 2)
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by the hos by the hos ERAL DIREC e defoched Stote Dept		22b SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 3/2/82
TO HOSPITAL retained by the TO FUNERAL should be detuith the State with the State IMPORTANT.		22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	3001 S.	Hanover	-St. Batto 2/220
BP		specify Burial	3/5/82 94	ame of cemetery or crematory on Haven Mem. Park		Anne Hrundel Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	uneral director/10c (ully	- ADDRESS	Md/ 21225 MAR	REC'D, BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

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		STATE	OF MA	RYLAND)	
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REG. N	10.				
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1	1 - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	REG. N	U	6 0	Ö 4
	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		YEAR	2b. HOUR
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	Baltimore	Church	Home Hos	spita.	DR OTHER INSTITUTION	126 USUAL OCCUPATI LITYPE OF WORK FOR MOST O Draftsman		2b. KIND C NDUSTRY Vesti	nghouse
13	SUAL RESIDENCE IN NURSING HOME OF		Baltimon		13d. INSIDE CITY LIMITS? YES NO 🕇	101 Walla	ce Ave.	2122	:5
1	Joseph Joseph	WIDDLE	Szulinsk	ki	Josephine		(liszê	wski
. 16	WAS DECEASED EVER IN U.S. A.	RMED FORCES? VE WAR OR DATES)	213-07-02		Jane A. Szul	inski (sam	e as 13	e)	
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	270.1 certify that (I) (this hasp sow the deceased alive or	3	115/ 108	32 , or	nd that in (my) (our) opinion of	, to3 death occurred on the de	7		that (I) (we) lost couses stated
	226. SIGNATURE			57 6	DEGREE ATTENDING	MEDICAL STAF		22c. DATE	SIGNED
-	201 DINCICIANIC NAME		amas		PHYSICIAN [MEDICAL STAF		3/1	5/12
	V. SIVAN				chuch Hespi	al, MD	2/23)	

BP.

IMPORTANT: If Item 21 is marked or Item 18 sha

DHMH - 16 50M 1/B1 (VRA 15, 4)

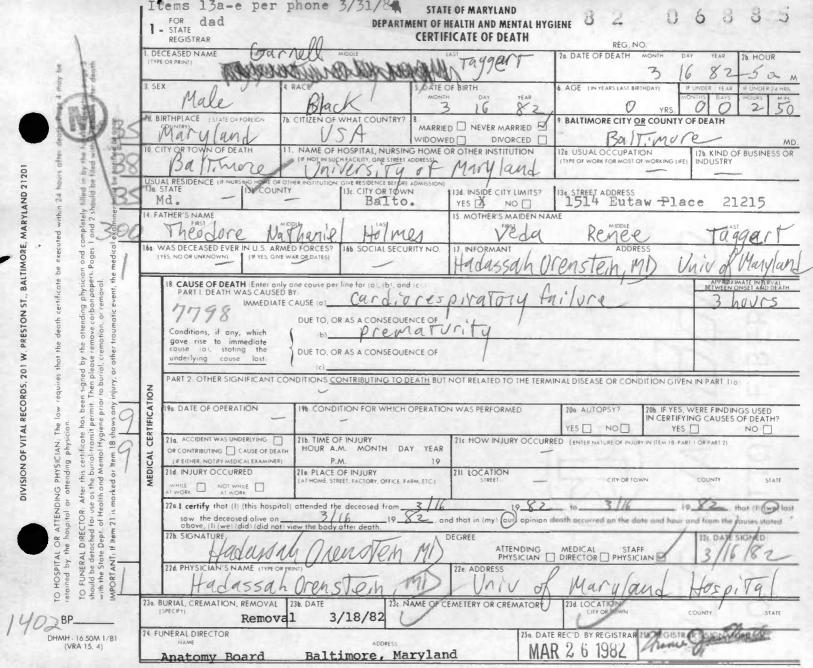
236. BURIAL, CREMATION, REMOVAL 3/18/1982 Balto., Md. 21225

23c NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

AATORY 23d LOCATION
STEPPY Baltimore
25d DATE RECD. BY REGISTRA HEGISTRA

14 FUNERAL DIRECTOR Balto., Md. 21225
George J. Gonce F.H. 4001 Ritchie Hgwy.

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8	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 4 5 5 5 CERTIFICATE OF DEATH
TANK T		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26, HOUR
	3. SE	X 4 RACE 5. DATE OF BIRTH 8. AGE (IN YEARS LAST BIRTHDAY) IN UNDER 1 YEAR IN UNDER 24 HRS
Poge Poge	7a. B	IRTHPLACE (STATE OR FOREIGN TO, CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY)
the state of the s	4	OFFORM OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126, KIND OF BUSINESS O
1 11 10	1	BALTO JOHN L. DEATON RUBSE ATD NURSE ATD NURSE AND NURSE AND
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11300	14. F.	ATHER'S NAME FIRST WWK MIDDLE LAST 15. MOTHER'S MAIDEN NAME STORM MIDDLE MURPHY
Poges		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO OF UNKNOWN) (IF VES, GIVE WAR OR DATES) NO MARY E. Bruce 2121 Windsor Gordon
ow requires that the death can been signed by the attending rimit. Then please remove carbipriar to burial, cremation, or any injury, or other traumotic.	CERTIFICATION	Conditions, if only, which gove rise to immediate couse Iai, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CONDITION FOR WHICH OPERATION WAS PERFORMED. 190. DATE OF OP (R) ION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED. 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED.
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00 BP		SURIAL 3-15-82 Md. NAT. Mem. LITY ON REL COUNTY Maire
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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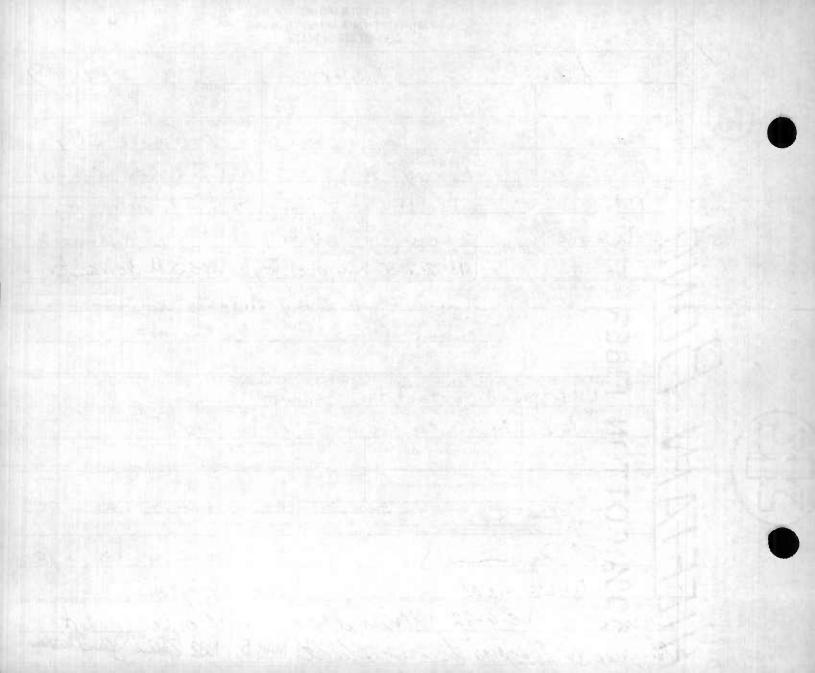
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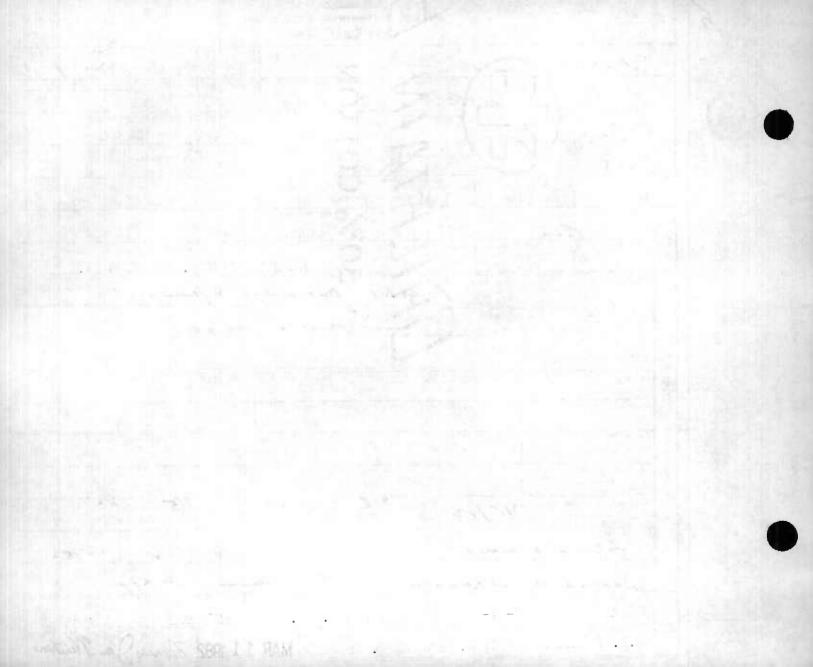
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	230	SECTION, REMOVAL	2//-/	2 TENTORY	CIPYOR TOMOS	SQUNTY /	STATE
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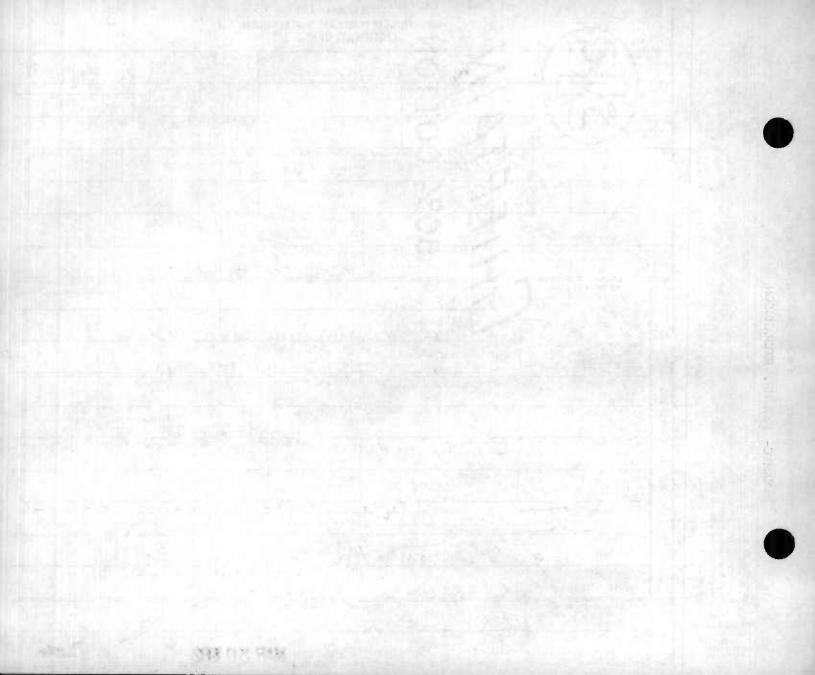
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hours after d	3. SE	x male) M	(white) tu		OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) 77 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
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Siner faus be		AL RESIDENCE (IF NURSING HOME OR STATE COUN		CE BEFORE ADMISSION) OR TOWN CIMORE	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 292 Joh Avenu	16
りむて	14. F/	Thomas D	_	AST B Y	15 MOTHER'S MAIDEN NA Lillian	WIDQLE	Kerr
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shows ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
Item 18 st		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)
morked or t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is		220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did nat			nd that in (my) (aur) apinian	, to death occurred on the date and hi	. 19, that (I) (we) last our and Iram the causes stated
II. If Item		22b. SIGNATURE	all a	in t	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/27/82
with the State Del		220. PHYSICIAN'S NAME (TYPE TO	ny A. A	RZ	ST. AGN	ES HOSPITI	AC
3 ₹	23a. I	BURIAL, CRÉMATION, REMOVAL (SPECIFY) BURIAL	3/29/82	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE Maryland
2/80	24 F	UNERAL DIRECTOR Witzke	P.A. A	DDRESS e, Md. 2'		AAR 30 1982	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTI (5. 3. SEX 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR 27 IN BIRTHPLACE STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED d move DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF WORK FOR MOST OF WORKING LIEE! INDUSTRY IMOVE achine Devator USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES T NOF 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE ayne 049 ann 17 FORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY rais res IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which omplications gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 ATION 9 PS Melas 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? à CERTIFIC IN CERTIFYING CAUSES OF DEATH? per OF YES [NON YES [NO [Hygi 21n ACCIDENT WAS UNDERLYING 216 TIME OF NILLRY 2 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC He ž 21d INJURY OCCURRED 0 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE morked AT WORK NOT WHILE AT WORK 220 I certify that (In this haspital) attended the deceased from. =3 82 and that in (my) four apinian death occurred on the date and hour and from the couses stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after death Dept. 226. SIGNATURE DEGREE 22c DATE SIGNED -ATTENDING MEDICAL STAFF ė PHYSICIAN DIRECTOR PHYSICIAN old be der FUNER 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT Shoul with 23a BURIAL CREMATION, REMOVAL THE NAME OF COMETERY OR CREMATOR 236 DATE COUNTY 50. DATE RE DHMH - 16 50M 1/B1 (VRA 15, 4)







3	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	YGIENE REG. N	U 6	8 9 4
moy be poge 3		CEASED NAME FIRST EOR PRINT) IRA	GWYNN	TAYLO	R.	20 DATE OF DEATH		26 HOUR 21.15'AM
tor. pool	3. SE	Х	4 RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		
of directors hours	70. B	IRTHPLACE ISLATE OR FOREIGN COUNTRY) IRGINIA	16. CITIZEN OF WHAT COUNT U. S.A.	MARRIED	NEVER MARRIED	9 BALTIMORE CITY C		ITH
10 (1) 134	10 0	ITY OR TOWN OF DEATH 3 ALT I MORE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST BON SECO	TREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT	ON 12b. K	MD. KIND OF BUSINESS OR JSTRY
ND 2120	1	AL RESIDENCE HE NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	RETIRE 13e STREET ADDRESS 1/14 N · F		
BALTIMORE, MARYLAND 2120 sote be executed within 24 hour yistion and completely filled to ppers. Pages 1 and 2 should be you.	14. F.	ATHER'S NAME FIRST ROBERT	MIDDLE LAST		15. MOTHER'S MAIDEN N FIRST			LAST NN15
in ond co		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	M. GWYNN,	SS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B ING PHYSICIAN: The low requires that the death certificate of this certificate has been signed by the ottending physicion. Where this certificate has been signed by the ottending phy os the build-in-orasit permit. Then please remove corbonopounts and Mental Hygiene prior to buriol. cremotion, or remover orked or frem 18 shows ony injury, or other troumatic event		Conditions, if ony, which gove rise to immediate couse io, stating the underlying couse lost	DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE (c)	QUENCE OF	ARRYTHM	OBSTRU	Fi	APPROXIMATE INTERVAL TWEEN ONSE AND DEATH WEN ONSE AND DEATH
PRDS, 20 requires t an signed Then ple or to burio	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT		RMINAL DISEASE OR CON	DITION GIVEN IN PA	ART 110
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
VISION OF VITA 3. PHYSICIAN: The intending physicio in this certificate the buriol-tronsit ond Mentol Hygie ked or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19	216 HOW INJURY OCCI 211 LOCATION STREET	URRED (ENTER NATURE OF INJU		
OR ATTENDING he hospital or a DIRECTOR: Aft oched for use as Dept of Heolth if Irem 21 is mor		220.1 certify that (I) (this hasp sow the deceased alive or	of view the body ofter death	9 82 , on	d that in (my) (our) opinion	2 to 3 = 6	ote and hour and fro	that (I) (we) lost om the couses stated DATE SIGNED
TO HOSPITAL O retoined by the TO FUNERAL D should be detoo with the Stote D IMPORTANT: H		Swyst 1 22d PHYSICIAN'S NAME (TYPE SURJIT	A-Julla. JULKA	m	22- ADDOCCC	MEDICAL STAIN DIRECTOR PHYSIC	IAN	11
60 BP		BURIAL, CREMATION, REMOVAL (SPECIFY Burial			METERY OR CREMATOR	CITY OR TOWN	cundel	Co. MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		uneral director n. C. March I	F/H 1101 Ê.		250 D	ATE REC'D. BY REGISTRAR		GNATURE

THE WAR THE STATE OF THE STATE THEREORE AL GUIDAN, SAL THY AN ONLINE THE

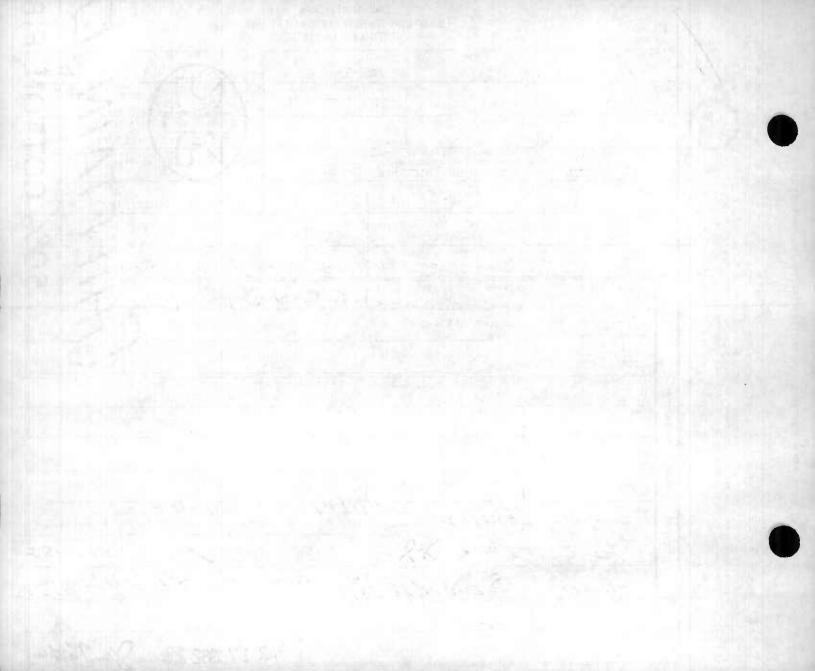
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DHMH - 16 50M 1/B1 (VRA 15, 4) FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1.	- STATE REGISTRAR			CERTI	FICATE OF	DEATH	REG. 1	NO.		
	1. DE	CEASED NAME E OR PRINT)	JOHN	WATSO	N TA	YLOR.	SR.	20. DATE OF DEATH	3-15.	-82	26 HOUR PM
	3. SE	MALE		CAUCASI	AN S. DATE	OF BIRTH	- 50	6 AGE INYEARS LAST B	IRTHDAY) IF L	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	WE	ST VIRE	SINIA	76. CITIZEN OF WHAT CO	DUNTRY? 8 MARRI WIDO W		MARRIED	BALTIMORE CITY	_	DEATH	MD.
8	10 C	ALTIMO	RE	UNIVERSITY	OF MA	RYLAN	stitution by Hasp.	12ª USUAL OCCUPA (TYPHOF WORK FOR MOST ELECTRI	TION OF WORKING LIFE) CIAN	126 KIND OF	RUSINESS OR
7	NE	AL RESIDENCE (III	136 COUN	NTY 130 CITY	OR TOWN	13d. INSIDE	CITY LIMITS?	13. TREET ADDRESS	7	Box a	
8		TED	R.	MIDDLE TAYLOR	LAST	E	FIRST THEL	M, MIDDLE	1, тене	FM LAST	
3	16a V	WAS DECEASED I		MED FORCES? 166 SOC E WAR OR DATES) 335-	80-641	VANE	16	WIFE) ADDR	AYLOR	SAME	A5#13
		18 CAUSE OF E PART I. DE A	TH WAS CAUSE	lly one couse per line for to D BY: TE CAUSE (0)	eACRANI	AL H	EMORRI	HAGE		APPROXIM BETWEEN O	NATE INTERVAL NISET AND DEATH
		Conditions, if gove rise to	ABSCESS	MON	UTHS						
		couse (o), underlying c	couse lost.	DUE TO, OR AS A CO				NA DISSASS OF CO.	10.410011		
).	ATION	ACU 190 DATE OF OP	TE 7	ROGRANL		ic L	EUKER	NAL DISEASE OR COM	206 IF YES, W		
	CERTIFICATION	3/5/82 3	1482,3/	1582 TRA	ARED (R)	LAT, VE	ENTRICLE	YES NO	IN CERTIFYIN		
2	MEDICAL C	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.M. MOI	NTH DAY YEAR 19			ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART	OR PART 2)	
ì	MED	AT WORK	OT WHILE	21e PLACE OF INJUR	RY, OFFICE, FARM ETC.)	211. LOCATI	01	CITY OR TO	OWN	COUNTY	STATE
		22a. I certify the saw the de obove, (1) (*	ceosed olive on	HARCH IS	10 80 1	and that in (my) (opinion d	eoth occurred on the c	lote and hour on		hot (I) lost ouses stated
		ME	Zeva	round	,	DEGREE	ATTENDING A	MEDICAL STA	CIAN [22c. DATE S	IGNED
		MICHA	aB.	STEWART	M.L.	BALT	MORE	CANCER	RESEA	een c	LENTER
		BURIAL CREMATI	LIAL	3/19/82	MATO!	TKA C	EM.		A MERC	ER	W.VA.
	24 FL	FLEM!	E . JAF	NERAL SE	ADDRESS RVICE B	21019 ENSON,	MD MAI	R 1 6 1982	256 REGISTR	Jan ?	Kenther

4 24 12 13 14 15	ST AND WOLTON WHILE	
	THE PART DISTRIBUTION SAIN	
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AND STREET	Ten R. Parkell Course	
and the second s	Ato Charles Waller Waller State Company	
	Santa Sa	
The state of the s	Library Landschaffer L. J. L. J. L.	
	LUSTED DE LA TENER DE LA CONTRACTOR DE L	
Aust	SUITE THE MANAGEMENT CATES LET SE	
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Saide Letter and Theres	May Set B. Mitchest M. L. Barrens	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	100	REGISTRAR			34.35- 1-1	CERTIFI	CATE OF D	EATH		REG. NO.			
	1. DE	ECEASED NAME	FIRST		MIDDLE	17	ST		20. DATE OF D		NIH DA	Y YEAR	2b. HOUR
172	(11)		homas		Herbert		Taylor	r		3	1	4 82	M
	3. SE	X		4. RACE	Carl Jane	5. DATE O	BIRTH	VEAD	6. AGE (IN YEA	RS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS.
1		Male		B:	lack	12	17	1920		51	YRS	NIHS DAYS	HOURS MIN.
m-		IRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIEC	NEVER M	APPIED T	9. BALTIMORE	CITY OR C	OUNTYC	FDEATH	
		irginia		U. S.	. A.	WIDOWE	DIV	ORCED	Baltin	nore	City		MD.
PC	_	altimore	EATH	(IENOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Moreland	DDRESS)		ITUTION	120 USUAL OC LYPE OF WORK E Longs	CUPATION OR MOST OF WO	ORKING LIFE)		OF BUSINESS OR
33	13a : Ma	STATE ATYLAND	13b COUP		GIVE RESIDENCE BEFORE	٧ 1	13d INSIDECT	TY LIMITS?	13e STREET AC Baltir				and Ave.
E	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME	MIDDLE		LA	
SOC		Thomas			Taylor		Ī	Harrie	et				vlor
		WAS DECEASED EVE		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMAL	Balti	imore,	ADDRESS	Md.	2121	o A
e /	-	No			216-16-6	334	Mrs. (Cather	rine A	. Tay	lor	1611	Morelar
quy, or order troumond	NO	Conditions, if gray gove rise to in couse (o), storunderlying cou	mmediate ting the se last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO D	NCE OF END	7 d NOT RELATED	ANY ANY TO THE TERM	erten Erio	scle		C2	years
2	RTIFICATION	19a. DATE OF OPER	ATION	19b. COND	TION FOR WHICH	OPERATION	WAS PERFOR	MED ,	200 AUTOP	SY? 20	b. IF YES, V CERTIFYII	VERE FINDING CAUSES	NGS USED OF DEATH?
9	MEDICAL CERTI	21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOT	CAUSE OF DEADICAL EXAMINER	P 21e. PLACE	M. MONTH DA M.	19	21f LOCATIO		ED (ENTERNATUI	RE OF INJURY IN	ITEM IB PART	1 OR PART 2)	STATE
: If Rem 41 is no.		220. I certify that (I) (this hospital) attended the deceased from 19 19 1, that (I) (we) lost saw the deceased alive on 19 19 1, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death. DEGREE 220. DATE SIGNED.											couses stated
APOR AL		22d. PHYSICIAN'S I	NAME (TYPE O	V-Mo	oresr n	ND	22e. ADDRESS		DIRECTOR	St-1	Bat	to.N	1821217
1		BURIAL, CREMATION (SPECIFY) Buri	_	23b. DATE 3/18/			METERY OR CI	REMATORY	23d. LOCATI		Cos	OUNTY	Marýľano
	24 FI	UNERAL DIRECTOR			02 171	AA III AA	moria		REC'D. BY REC				
		JANIME		. 1	ADDRESS III	LAURA	11 0110	AAA	M A 17 A	A 1	REGISTRA	SIGNAL	Wather
	וועו	rbent is. Ny.	1100 76	Mere! He	11 6 3035 W	NUSUL	IT MUCI		N I I	OC XC	12.CBA	Trans-	tooles and

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	r scould		
Altidore, fil. 28 Alterine A. aylor Hi			
atherine A saylor th	5 . 02 1 ACE	ols Time	
toron oranic or the	Talkonia Assaul	energy Magazina Balanta	

altion die J. II Sandrace II 45 anllimore Puonta J. rem le Drug . Las vil 1083-07-8072 | Lumed | . Yungid The last win the street of the last to be really and Sacion, dest, the same, share a same and the same, we same Modern , sign of the contract A STATE OF THE STA Itchell-sickers and, ago, apto., ad. 11212

	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE C REG. N	U	0 /	UU	
1	1. DE	CEASED NAME FIRST	. A	MIDDLE		ASI	20 DATE OF DEATH		AY YEAR	7b. HOUR	
1	(TYPE OR PRINT) CHRISTINE			Marie			03-10-82			3:10pm	
	3. SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
1		Female	White		Dec.	5, 1903 YEAR	78	YRS	ONTHS DAYS	HOURS MIN.	
20	-	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
-		ITY OR TOWN OF DEATH		ALIGNAL LATINGO	WIDOWE		City			MD	
35	Baltimore (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) Church Hospital				OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Housewife INDUSTRY					
25	73e :	AL RESIDENCE (IF NURSING HO) STATE 136 C	ME OR OTHER INSTITUTION. OUNTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Baltimo	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS				
~		ATHER'S NAME		Dartine	ле		224 S. Wash	ingto	n Stree	€C	
OC	August Hettchen					15. MOTHER'S MAIDEN NAME FIRST Anna MIDDLE Lineweber					
1		WAS DECEASED EVER IN U.S		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS	0.4		
1	(YES, NO OR UNKNOWN) (IF YES, GIVE W		S, GIVE WAR OR DATES)	214-03-1788A Mr. H. Leo Tho.			homas 3123 1/2 Willoughby Rd.				
9	CERTIFICATION	PART 1. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE AND VENTRICULAR ARRHYTHMIA DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DIABETES MELLITUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11at 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?									
1	210 ACCIDENT WAS UNDERLYING		D ALL THE OF	21b. TIME OF INJURY 21c HOW			YES NO		YES NO		
9	MEDICAL CI	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.A	A. MONTH DA	AY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN HEM 18 PA	RI I OR PART 2)		
1	WED	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	ARM, ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		AT WORK NOT WHILE	1		03-08	02	02 10		92		
		220.1 certify that (1) the sow the decease of all	in the state of th	-10- 19	82 on	d that in (my au) opinion d	, ta eath occurred on the do	ite and haur			
-							N DIRECTOR PHYSICIAN 3-10-82				
1	GASPAN Del Monte					22e ADDRESS CHURCH HOSPITAL CORPORATION 100 N. BROADWAY BALTIMORE, MARYLAND21231					
	(SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE			
	Burial Mar.13,1982 Woodlawn					Woodlawn	Ba	Ito.	MD		

DHMH - 16 50M 1/B1 (VRA 15, 4)

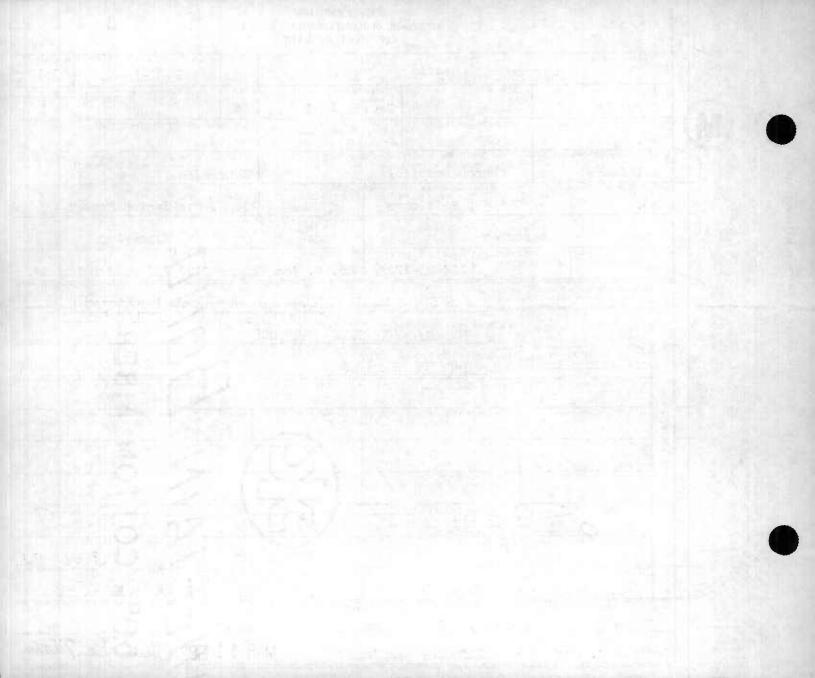
TO FUNERAL DIRECTOR: After this certificate has bee

14 FUNERAL DIRECTOR

NAME
Leonard J. Ruck Inc. Baltimore, Maryland

Mar.13,1982 Woodlawn

Woodlawn Balto
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR
MAR 11 1982 Chances Balto.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

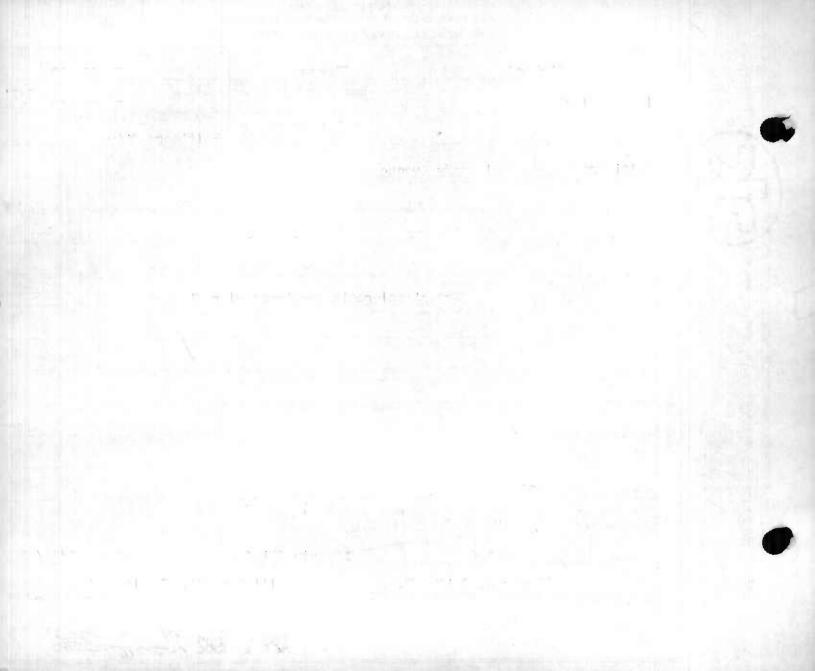
DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exem

1				STAT	E OF MARYLAND			- 0	6		
	FOR STATE				EALTH AND MENTAL HYG	SIENE O	6mg	U	0 7	0 1	
	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	0.			
	1. DECEASED NAME FIRST	•	MIDDE	ı	ASI	2a. DATE OF			AY YEAR	2b. HOUR	-
	6 llswor	th. M.	Tromas			Mar	rch 27	1082			
	3. SEX	4. RACE		DATE C	OF BIRTH	6 AGE (INY	EARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR	M S
1	Male	Wh	ite	Fel	b. 26°, 1903	79		YRS	ONTHS DAYS	HOURS MIN	_
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARDIE	NEVER MARRIED	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH		-
7	Maruland	USt	A	VIDOWE		1	Baltin	wre C	itu	A	AD
7	Baltimore	(IF NOT, IN SUC	HOSPITAL, NURSING CHEACILITY GIVE STREET ADD	DREAS)	DR OTHER INSTITUTION	12a USUAL (OCCUPATION	ON WORKING LIFE	12b. KIND (INDUSTRY	OF BUSINESS O	-
	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO	OR OTHER INSTITUTION		MISSION)		1					-
5	Manuland	UNIT	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET	P P		$C_{I} \cap I$, M.I.	
٦	14. FATHER'S NAME		Baltimore		15. MOTHER'S MAIDEN NA	ME C	, Gitt	ings.	DEDAL	to M.	_
7	Jackson	WIDDLE	74 LAST		FIRST		MIDDLE		LA	ST	
4	160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURIT	YNO	17 INFORMANT		ADDRES	3.5	Irati	-	
		GIVE WAR OR DATES)	212 00 82	10		,					
-			217-07-02	77	Mrs. Dora E.T.	romas,)ame o	rs abo			
Ξ	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	line for (o), (b), and (d						BETWEEN	MATE INTERVAL ONSET AND DEATH	-
		ATE CAUSE (o)		www	a						
	4760 DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which	((b)_	COPD	-49					1.300		
3	gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUENC	25.01							_
	underlying couse lost.	100210,0	R AS A CONSEQUENC	CEOF							
	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE	OR CONF	HION CIVE	NI INI DADT I		=
	Z				NOT KELATED TO THE TERM	IINAL DISEASE	OR COND	IIION GIVE	N IN PART II	0	
	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH OF	ERATIO	N WAS PERFORMED	20a AUTO	PSY?	20h JE VES	WERE FINDI	NCC LICED	_
7	BE				The same of the sa		1	IN CERTIFY	ING CAUSES	OF DEATH?	
-	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	E INTITION		11. How himsy occurs	YES 🗌	ио Х	YES		NO 🗌	
			M. MONTH DAY	YEAR	21c HOW INJURY OCCURR	RED (ENTERNAT	URE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2)		
ı	(IF EITHER, NOTIFY MEDICAL EXAMIN			19							
1	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PLACE	OF INJURY BEET, FACTORY, OFFICE, FARM	FTC 1	211. LOCATION		CITY OR TOW	IN .	COUNTY	STATE	
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I	sow the deceosed olive of obove (I) (we) (did) (did)	n 3/21	19_8	2_, on	d that in (our) opinion o	deoth occurred	on the do	e and hour	ond from the	couses stated	
1	77h SIGNATURE	of view the body	after death		DEGREE				22c. DATE		
1	1 X X A	(A.) C	air M.	1	ATTENDING	MEDICAL	STAFF		- 1		
Н	224 PHYSICIAN'S NAME (118	China J	pur jon i	0 -	PHYSICIAN [DIRECTOR		AN 🗌	51	21/8-	
1	Q - A.	y			220 ADDRESS MERCY) HOSD	TAL				
1	XOIT ALL	AN SP	er		301 A. Paul 1	Place:	Balt	more.	Md. Z.	1202	
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	0 - 1 0 1		METERY OR CREMATORY	23d. LOCA					
1	(SPECIFY) Burial	Mar. 29,	1982 (ed	an H.	ill (emetery	Bal	tino re	2.	Maryla	and STATE	
	24 FUNERAL DIRECTOR	,,,,,	6.3		25a DATE	REC'D. BY RE					_
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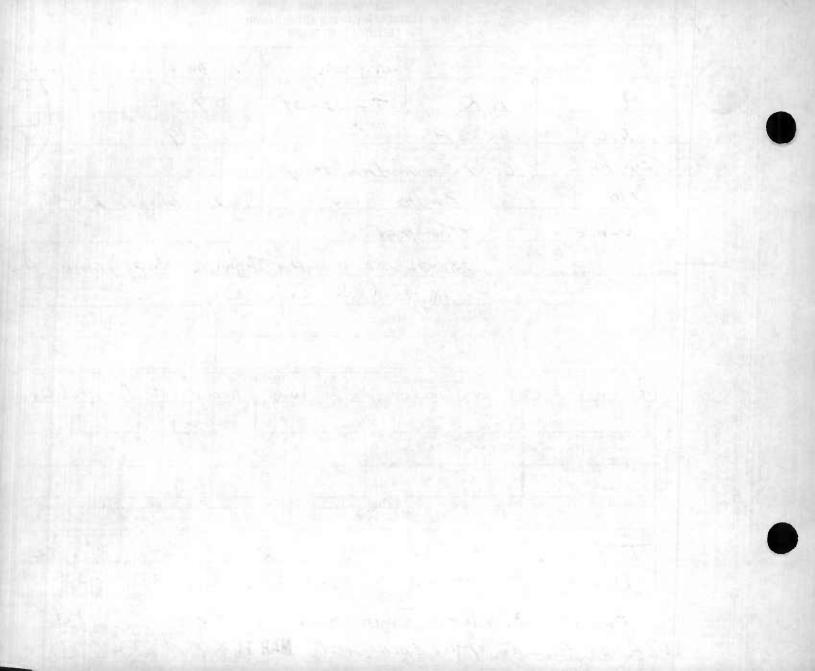
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		PE OR PRINT)					LAST		TE KNOWN	MONTH	DAY YEAR	26 HOUR
	3. SE.	v .	RIC	hard	John		Thomas		TH MATED	3	29 1982	M
		1. A.A.		5. DATE OF BIRTH	YEAR LAST BIRT	HDAY) MON		MIN PRON	DUNCED	MÔNTH	DAY YEAR	2d HOUR 5:21
	-	ale	Black	8 6	11 70	YRS.			EAD	3	29 1982	P M
12		RTHPLACE (ST.	ATE ON	78. CITIZEN OF W	VHAT COUNTRY?	8. MARE	IED NEVER MARE	RIED . 9. BAL	TIMORE CITY OF	COUNTY	OF DEATH	
\geq		VA			JSA	WIDOV			Itimore	City.		MD.
5	10. C	ITY OR TOWN (DF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HO	ME, OR OTH	HER INSTITUTION	120 USUAL OC	CUPATION (TYPE (OF WORK	26 KIND OF BU OR INDUST	
5	115	Baltimo		5201 R	Ready Avenu	е						
1	13a S	TATE	IF IN NURSING HOME 13b. COU		13c. CITY OR TOWN	ISSION)	138. INSIDE CITY LIMITS?	13e. STREET AD	DRESS			
>		MD			Baltimo	re	YES NO					
	14, F.	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	
1		George			Thomas		Alber	rta			Thoma	S
	16a. \	WAS DECEASED	EVER IN U.S. AL	RMED FORCES?	166. SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRESS			
		No			N/A	1	Pearl (Clark 5	201 Rea	dv		
		18. CAUSE OF	DEATH (Enter a	nly one couse per lin	e far (o), (b), ond (c).)						APPROXIMATE BETWEEN ONSE	INTERVAL
		PARTIDEA	TH WAS CAUSE	ED BY: ATE CAUSE (a)	Arterioso	lerot	c cardiova	ascular	disease		BETWEEN ONSE	AND DEATH
5		439	12		R AS A CONSEQUENC						-	A (1)
NEW			s, if any, which								118 410	
5		cause (a)	stating the under		R AS A CONSEQUENC	E OF						
		lying caus	e last.	(c)							-3 000	
		PART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a)				
	NO											
5	CERTIFICATION	19a. DATE OF	OPERATION	196. COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPSY	2
L	IF	100									YES 🗆	NO [X]
5	CER	210. EXTERNAL		216. TIME O	FINJURY	21c. H	OW INJURY OCCURR	ED (ENTER NATURE C	F INJURY IN ITEM 18 PA	ART 1 OR PART		INO LA
5		UNDERLYING	☐ OR G ☐ CAUSE OF		A. MONTH DAY YE	AR						
	MEDICAL	21d. INJURY OF		21e PLACE	OF INJURY (AT HOME		CATION					
	¥	WHILE AT WORK	NOT WHILE	SIMITI. FAC	CTORY, FARM, ETC.)		STREET	CITY O	RTOWN	COUN	4TY	STATE
			/					[7]		_		
		22a. I certify	/	ge of the remains de	scribed obove, helfan	Autop	sy Inspection	on X. Inqu	iry L. and	in my apin	nion	
		death resulted	frem Not	rel couses K	Notice of L.	Suicide	, Homicide	Undetermined	monner,			
		ACTUAL	1	V. Sules	1		TITLE (SPECIFY)			DATE	- 1	100
-		SIGNATURE_	1/6	1 Donal	MM	M	Deputy Ch	1 et MEDICAL EX	AMINER	SIGNED	3/30	1/82
2		EXAMINER'S N	IAME T	homae D	Smith, M.D			II Donn	C+ D-	t als a	MD	
		(TYPE OR PRIN					ADDRESS	II Penn	от. ва	1to.,	MD.	
	23a.B		ON, REMOVAL		23c. NAME OF C			23d, LOCATIO	N	COUNTY	r st	ATE
	24 5	Buri		4/3/82	Mt. A	ubur			imore		2624 Do	MD
	Z4 F	UNERAL DIRECT		ADDRESS	S			REC'D. BY REGIS	RAR REGIST	TRAR'S SIG	WINE C	
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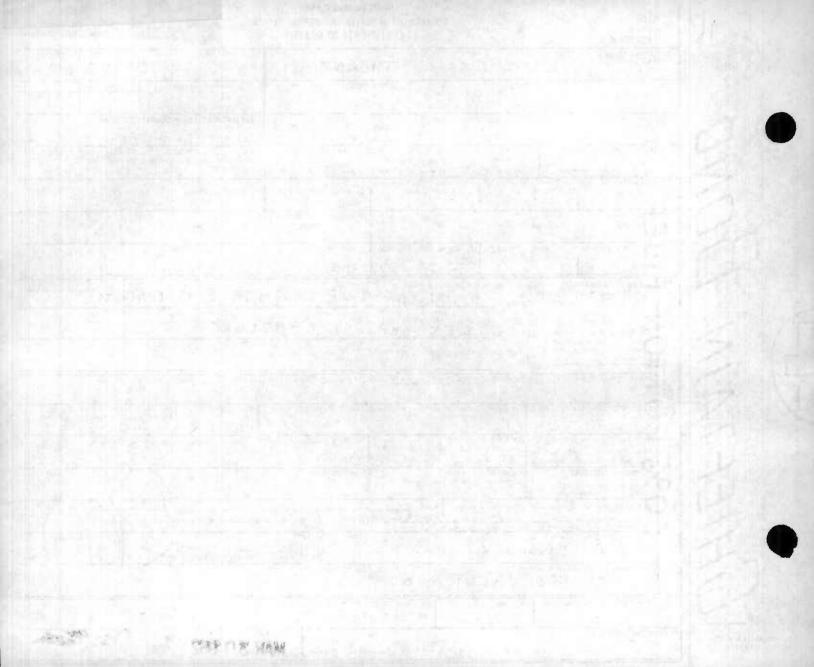
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oy be	3.5	PE OR PRINT) ANN	M. M.		IPSON OF BIRTH	4.465	3/18/82 11,176.
ge 4 m		FEMALE	CAUC	S. DATE		6. AGE TIN YEARS LAST BIR	THOAT) IF UNDER 1 YEAR IF UNDER 24 HA MONTHS DAYS HOURS MIN
Pooth. Po	2	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRII WIDOW	D NEVER MARRIED DED SED SED SED SED SED SED SED SED S	9 BALTIMORE CITY O	R COUNTY OF DEATH
offer de	10. 0	TO OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST O	ON 12b. KIND OF BUSINESS C INDUSTRY
521201 t hours of d be file	USU 13a.	CITY JAL RESIDENCE (IF NURSING HOME C STATE 136 COL	THE UNION ME OR OTHER INSTITUTION GIVE RESIDENCE BY JNTY 13c CITY OR T	FORE ADMISSION	HISPITAL 1138. INSIDE CITY LIMITS?	RETIRO	20
rland thin 24 thin 24 should	14 F	MID, ATHERS NAME	BAL		YES NO 1	3939 F	Roland Avenue
MAR)	1	FIRST	AUDIE LAST			SWIDDLE	LAST
on ond consession medical		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO.	DAUGHT	ADDRE	SS
that the death certificate by the attending physici case remove carbonapper of, cremation, or removal.		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSE	OUENCE OF	Plungo		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FOR UP.
low requires ss been signed e-mit. Then pli e-prior to burn ss ony injury, o	TION	COPD,	Beforested be	the i	NOT RELATED TO THE TERM		
TAL REC	CERTIFICATION	23/2	Cembr	of lu	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
F VI		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE		DAY YEAR	Mc. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)
IVISION O UG PHYSIC oftending ter this cert state buriol n ond Menti	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
TENDI fol or OR: A or use f Heal	1	sow the deceased alive of	n 3/18 note the deceased from	FO A /	nd that in (my) (our) opinion	to 3/18 death accurred on the do	ote and hour and from the causes stated
ITAL OR ATTOR AND THE HOSP THE		22b. SIGNATURE	of) view the body ofter death.	11/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAND 3/18/82
TO HOSPITAL TO FUNERAL should be det with the Stote	3	22d. PHYSICIAN'S NAME (TYPE	310 ANZIS/		201 EAST U	NVERSITY PA	RKWAY
207BP	230	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION BALTO	M 2 COUNTY STATE
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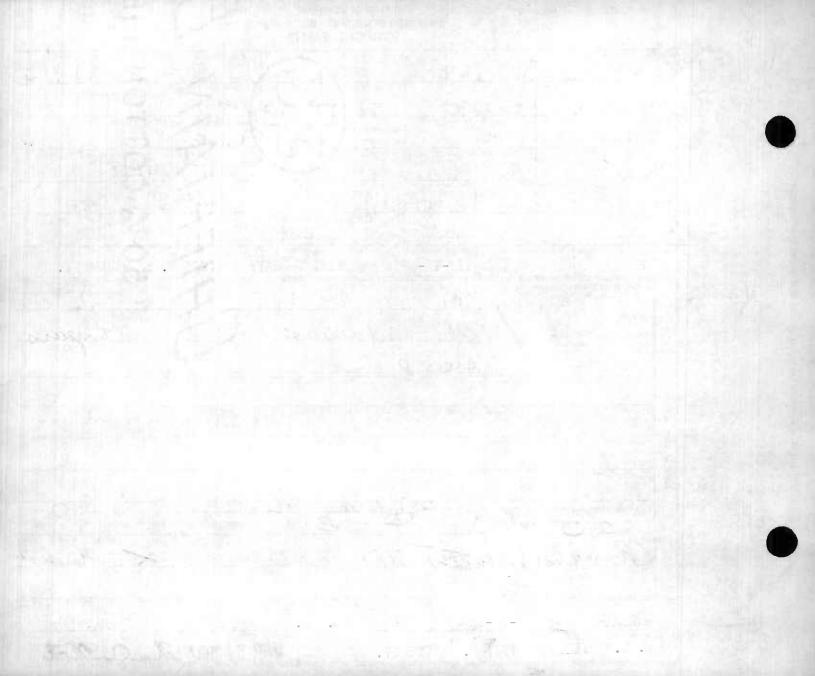
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	DECEASED NAME TYPE OR PRINT)	VERNO	N Kedrick	THORNTO		G. DATE OF DEATH MONTH		6:30 A
3.	Male	4. RA	Black	5. DATE OF BIRTH	1.0	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
32 hours	BIRTHPLACE (STATE		TIZEN OF WHAT COUNTRY	MARRIED LI NEVER MA	ARRIED 9.	Baltimore CITY OR CO	UNTY OF DEATH	,
\$10x	Baltim	(1	NAME OF HOSPITAL, NURSI FNOT IN SUCH FACILITY, GIVE STREE North Charl	NG HOME OR OTHER INSTIT TADDRESS)	TUTION 1:	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK	12b. KIND OF	
35		NURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE CITY	Y LIMITS?	se STREET ADDRESS 2020 Walb	rook Aver	nue
3000 14	FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S A	MAIDEN NAME RST nthia	WIDDLE	Willia Willia	
medicol 16	g. WAS DECEASED ET (YES NO OR UNKNOWN Yes		OR DATES)		T	39 Bro	ok St.	
other from	Conditions, if a gove rise to couse (a), st underlying co	immediate tating the	OUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	Control Call	1 112	LURE		
Then pled in jury, or	PART 2. OTHER S	SIGNIFICANT COND	(c) ITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO	O THE TERMIN	AL DISEASE OR CONDITION	N GIVEN IN PART 1(0)	
ony injury,	PART 2. OTHER S	eration 1	9b CONDITION FOR WHICH	HOPERATION WAS PERFORA	MED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDING CERTIFYING CAUSES O YES []	SS USED OF DEATH?
18 shows any injury,	PART 2. OTHER S	ERATION 1 SUNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	96. CONDITION FOR WHICH 16. TIME OF INJURY HOUR A.M. MONTH D P.M.	H OPERATION WAS PERFORA DAY YEAR 19	MED JRY OCCURRED	20a AUTOPSY? 20b.	IF YES, WERE FINDING CERTIFYING CAUSES O YES []	F DEATH?
1 Hygiene prior to bur 18 shows any injury,	PART 2. OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTEY). WHILE AT WORK AT WORK PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING WHILE AT WORK AT WORK AT WORK PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING WHILE AT WORK AT WORK PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING WHILE AT WORK PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING PART 3. OTHER S PART 3. OTHER S	S UNDERLYING 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9b. CONDITION FOR WHICH 1b. TIME OF INJURY HOUR A.M. MONTH C P.M. 1e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE,	PAY YEAR 19 211. LOCATION STREET	MED JRY OCCURRED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDING CERTIFYING CAUSES O YES []	F DEATH?
for use as the burial-transit permit. Then p of Health and Mental Hygiene prior to bur 21 is marked or Item 18 shows any injury,	PART 2. OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY: 21d INJURY OCC WHILE AT WORR 22a.1 certify tho	SUNDERLYING 2 2 CAUSE OF DEATH MEDICAL EXAMINER) CURRED 2 CURRED 2 CURRED 2 CURRED 4 CORRED 4 CORRED 4 CORRED 4 CORRED 5 CORRED	9b CONDITION FOR WHICH 1b. TIME OF INJURY HOUR A.M. MONTH D P.M. 1c. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, thended the decepted from, the body after death.	PAY YEAR 19 211. LOCATION STREET 3 12 2 ond that in (my) of DEGREE	URY OCCURRED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDING CERTIFYING CAUSES O YES (CAUSES O	STATE
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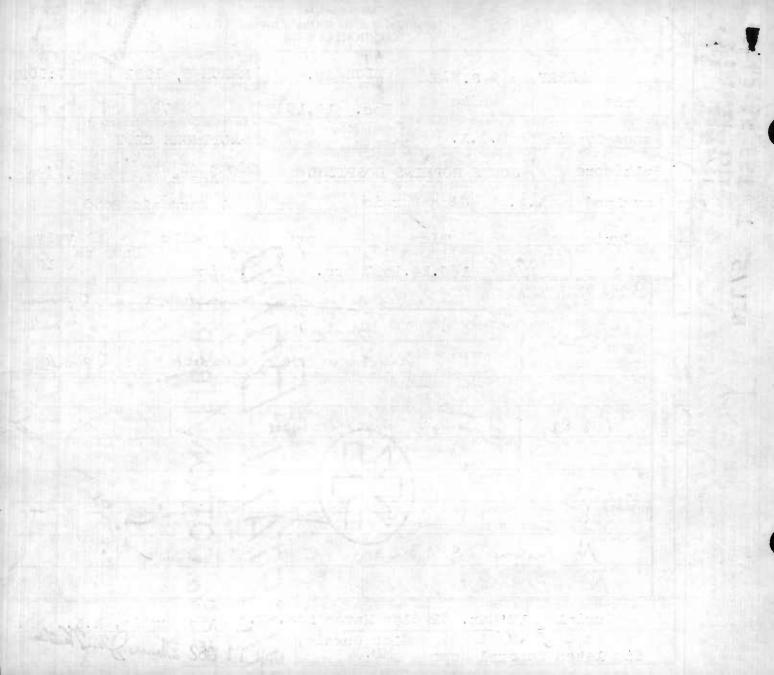
STATE OF MARYLAND

	'-	STATE REGISTRAR		· Windows	ing garagery was	CERTIF	CATE OF I	EATH	REG. NO.		
1		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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	a SE	Male	1	4 RACE Whi	ite	5. DATE O	DAY	, 1 905	6 AGE (IN YEARS LAST BIRTHDAY) 76/RS	IF UNDER I YEAR	HOURS MIN.
	Ja. Bi	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIET	NEVER /	AARRIED -	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
2	_	ennsylva.		U.S.		WIDOWE	D D1	VORCED	BALTIMORE CI		MD.
100	В	TY OR TOWN OF DEA	1	JOHNS		S HO			Right of Ways	HE INDUSTRY	MD. Admn
1	13a. S M	AL RESIDENCE OF NURS TATE aryland	T36 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	rnie	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 7 Ferndale	Road	
,,,,	14 FA	THER'S NAME		MIDDLE	LAST			MAIDEN NA	ME MIDDLE "	144	
1	3	Cyrus			Tice			ora	Belle	Sh	ively
,		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	iW) IN	Lfe) ADDRESS S	ame as	
-		No		N/A	166.14.	1537	Mrs.	Lois	S. Tice		# 13
	(18. CAUSE OF DEAT	H (Enter or	nly one cause per D BY:	line far (a), (b), and		0 0 3	1.	0	BETWEEN	MATE INTERVAL ONSET AND DEATH
		1101		re CAUSE (a)	ren	ars 1	cerus	rong	arrest	7	member
		7360	7	DUE TO, OF	R AS A CONSEQUE	NCE OF	wohne	de	~~~ a	2	montks
		Conditions, if ony, gave rise to imm	nediote	(p)				<u> </u>	37.00		
		couse (0), statin underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF CEREL	no vas	selvoi	accident	200	contro.
	NOI	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 10	51
	CERTIFICATION	190 DATE OF OPERAT	82	19b. CONDI	Jengn	OPERATION	Jahr	RMEDInoph	7 200 AUTOPSY? 206. IF YES NO PYES YES YES	S, WERE FINDIN FYING CAUSES ES	
		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA		M. MONTH DA	YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18. F	PART I OR PART 2)	anasire.
	MEDICAL	216 INJURY OCCURE	RED	21e PLACE C		P. Lake	21f. LOCATIO	N	CITY OF TOWN	COUNTY	STATE
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١		220.1 certify that				11-	. 82	. 19	, to		that (1) (we) last
١		sow the decease abave, (1) (wet) (a 22h, SIGNATURE	lid) (did no	f) view the bady (after death.	, 011	EGREE	(our) opinion o	death accurred on the date and hav		
		N	. Xa	aprey.	BATTB BO		- A	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
		ZZM. PHYSICIAN S NA	P	ARFRE	ч.		22e ADDRES	S			
	23a B	URIAL, CREMATION, SPECIFY) Buri	-	1.2 Mai			METERY OR C	REMATORY Mem • Pk	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 FU	NERAL DIRECTOR	0.7	rostes			Burni		OTEH DUTHI	E A A	Wather.
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IMPORTANT: If Item 21 is morked or Item 18 shows



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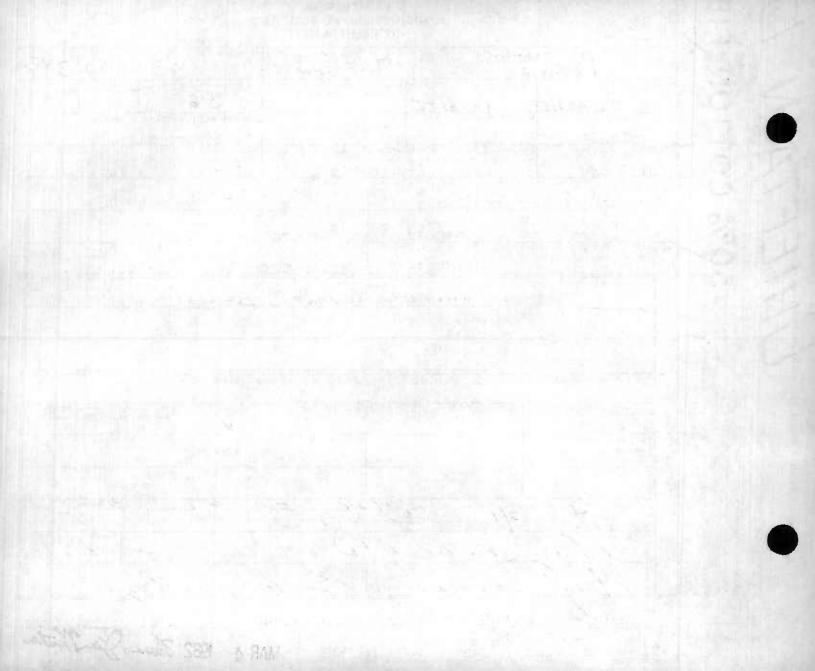
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) EST1-E FUNERAL DIRECTOR.
E. 5. FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED 82 Barry Treas 19 AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED 19 82 DEAD white Sept. 11.1963 p male 18 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH M. 3. RETAIN PAGE 5 FOR Y P. 2 SHOULD BE FILED, WITHIN TE BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED B CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! Carpenter Remodeling Co. Baltimore University Hospital Maryland ESSEX 13d. INSIDE CITY LIMITS? 606 Back River Neck Rd.21221 NO P DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 MIT. PAGES 1 AND 2 E, DIVISION OF VITA MIDDLE MIDOLE Treas, Barry K. Lois White 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) No 194 86 1373 Barry K. Treas. Sr. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Cranio-cerebral trauma REMOVAL IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate 8 cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR Passenger in auto/auto collision. CONTRIBUTING CAUSE OF DEATH 1: 10KK 3-18-1982 21e PLACE OF INJURY (ATHOME, 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Balto. Md. Middleborough & West Rds. road Inspection X 22a I certify that I to thing described above, heldran Autopsy Hamicide Undetermined manner death resulted from TITLE (SPECIFY) M.Deputy ChiefEDICAL EXAMINER 3-23-82 SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Thomas D. Smith, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Oak Lawn Cemetery Baltimore County. N FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251-REGISTRAR'S SIGNATURE **DHMH - 17** Fuzdzinski Funeral Home PA 1407 Old Eastern Ave (VR A15 ME (5)) 15M 2/80

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P.C. A	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE O &	6 9 1 7
eooth S	I. DE	REGISTRAR CEASED NAME FIRST	IRISTINE N	7 -	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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e be exected and control of contr		res, no or unknown) (IF YES, GI	ve war or Dates) 151-48- nly one cause per line for (a), (b), an ED BY.	8606 Clayton Trip	p 1322 Drexe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he low requi	CERTIFICATION	PSE VOO M	ONAS BAUGER	- 1	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\) NO \(\)
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inG PHY or attending after this so the builth and M norked or norked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
SPITAL OR ATTEND 3 by the hospital of NERAL DIRECTOR: Jee detached for use 5 stote Dept. of Heo TANT: If Hem 21 is m		saw the desented alive or	Hercen !	7 7 19 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	death occurred on the date and ha	ur and from the causes stated 22c. DATE SIGNED 71-52
TO HOSPITAL retoined by the TO FUNERAL should be detained with the Stote IMPORTANT:	230	BURIAL, CREMATION, REMOVAL	XER JR' MO	220 ADDRESS RAME OF CEMETERY OR CREMATORY	7 123d, LOCATION	
BP DHMH - 16 50M 1/81		SPECIFY) BURIAL UNERAL DIRECTOR	3-26-82 1	Nelow Mem. Cemet	CITY OF TOWN . 3 P	COUNTY NEW JER
(VRA 15, 4)	4	Villiam C. Bro	NN 1206-08 W	· North Ave	AR 26 1987 Min	

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IMPORTA

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH MONTH 2b HOUR 36 DATE OF B AGE INYEARS BIRTHDAYLA IF UNDER I YEAR 6 WHITE 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 0.177 BALTIMORE

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

HOUSEWIFE

13e. STREET ADDRESS

12b. KIND OF BUSINESS OR

ERCY HOSPITAL

3809 FOSTER AVE

15. MOTHER'S MAIDEN NAME TENNIE 17 INFORMANT

24-22-9409 JULIUSH, TSCHIRSCHY 3809 F

PART I. DEATH WAS CAUSED	OBY: CANSE (a)	BETWEEN ONSET AND DEA
2859 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) CHROWIC PRANT PROJECTION	
gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF A DEMYMENTON	
	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110

D2/25/62
21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive on.

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

13c. CITY OR TOWN

BALTIMORE

PARKER

166 SOCIAL SECURITY NO.

IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

4 RACE

13b COUNTY

MIDDLE 5.

(IF YES, GIVE WAR OR DATES)

ARMED FORCES?

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

STATE

20b. IF YES, WERE FINDINGS USED

NOT WHILE 220.1 certify that (1) (this hospital) attended/the deceased from

IN DATE OF OPERATION

FOR

REGISTRAR DECEASED NAME

FEMALE

O CITY OR TOWN OF DEATH

JOHN

14 FATHER'S NAME

BALTIMORE

To BIRTHPLACE ISLATE OR FOREIGN

- STATE

LIVER OF PRINTS

3. SEX

AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211. LOCATION CITY OR TOWN COUNTY

200 AUTOPSY?

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

PHYSICIAN 22e ADDRESS

ATTENDING

DIRECTOR PHYSICIAN &

23b DATE

MEDICAL

Burial

April 2 1982

23c NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

DEGREE

Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

Lilly & Zeiler, Inc. 700 S. Conkling St.

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Avenue, Catonsville, Md. 21228

STATE OF MARYLAND

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DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CEKITI	ICATE OF DEATH	REG. N	10.		
	DECEASED NAME FIRST TYPE OR PRINT)	WIDDIE	The second	RNER	20. DATE OF DEATH	MONTH DA	YEAR YEAR	26. HOUR 30P
3.	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	E CAU	Co MONTH	23 54	77	YRS.	DNIHS DAYS	HOURS MIN.
30	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIE WIDOWE		9 BALTIMORE CITY		OF DEATH	MD.
10	BALTO.	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
3 13	SUAL RESIDENCE (IF NURSING HOME OR 30. STATE 136 COUN	ITY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN SS-BARRE	13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS	. Rive		21 50
A.	FATHER'S NAME ROBERT		ARNER	JOSEPH &	MIDDLE		HOIN	Ski
160	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	CAMAR OR DATECT	46-1891	17. INFORMANT	ADDR	ESS		
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D DV	(b), and (c).)		ARREST		APPROXI. BETWEEN C	MATE INTERVAL ONSET AND DEATH
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			TH DAY YEAR	2)c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PAR	PT 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
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	22b. SICOTUM	21 Reel	an	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	1182
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L	BURIAL, CREMATION, REMOVAL ISPECIFY 3447AL	3/18/82	23c. NAME OF C	CLIVET	23d LOCATION CITY OF TOWN CARVERTO	N 442	PERNE	179
24	FUNERAL DIRECTOR NAME BARROWSKI Y	501) 28188	DRESS 927/14	OSE ST 25a. DA	MAR 1 FG 198	256. REISISTR	ME LIGHAL	URPlant

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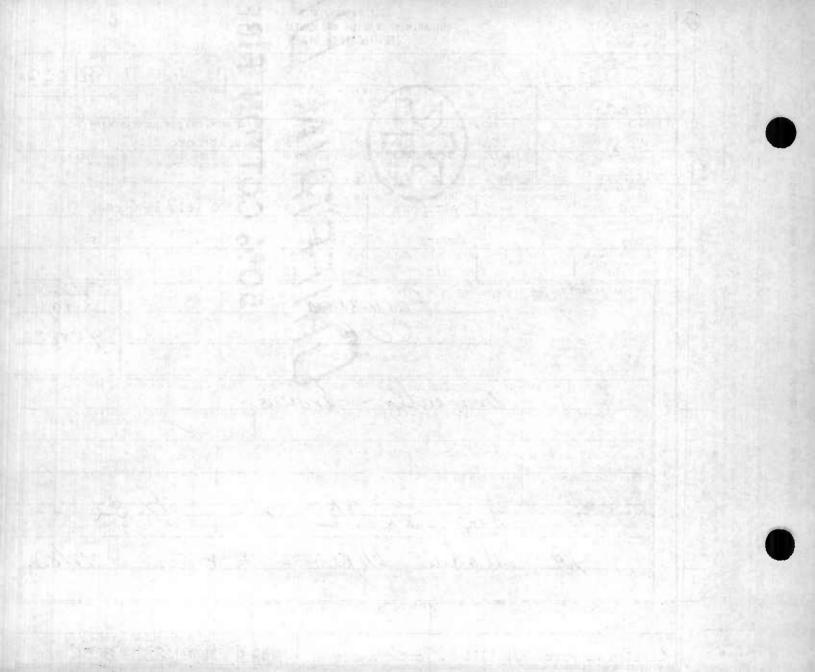
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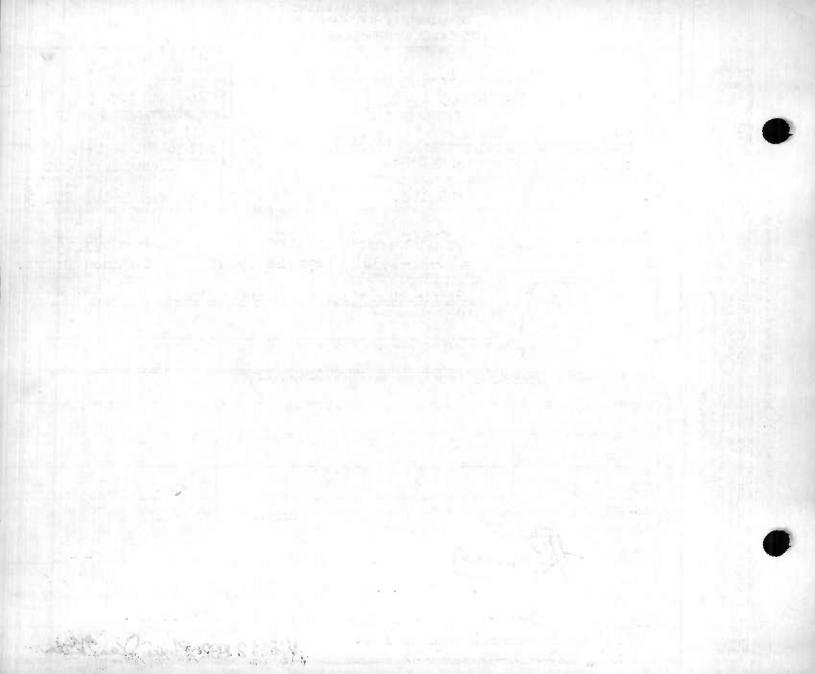
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(VRA 15, 4)

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STATE OF MARYLAND





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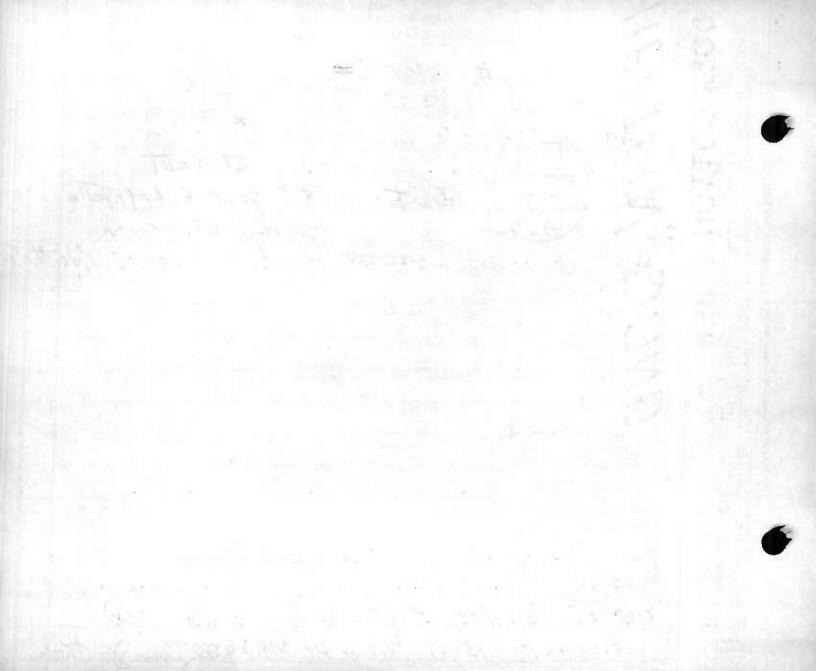
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	n		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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	Y DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR, AIN PAGE 5 FOR YOUR FILES, LD 86 THE WITHIN 72 HOLD BS REALTH PRESIDEN STREET	00	Baltimore		2b. KIND OF BUSINESS OR INDUSTRY
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DIV	WRITING THAN WANTED TO PAGE 3 SHOUT THE DEPART 21201 PRIOR	ME	WHILE NOT WHILE AT WORK	STORET FACTORY FARM STC.) STORET	Md.
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	EXAM CERTIFICATION BE DIRECTOR WITH AMEN'L		An	ol causes , Accident , Suicide , Homicide . Undetermined manner .	
	WHEN WE WATER		SIGNATURE V	M.D. Assistant MEDICAL EXAMINER SIGNED	3-14-82
	TO MEDICAL EXAMI EXECUTE THE CERTIFIED BY THE CERTIFIED BY THE CHARLA DIRECTOR AT THE CHARLA WITH BALTIMORE, MARYLA	-	EXAMINER'S NAME)	NN M. DIXON, M.D. ADDRESS 111 Penn St., Balto., Md.	21201
- 0-	63.40.48 —	23a. Bl	JRIAL, CREMATION, REMOVAL 23		Y STATE
080	DHMH-17	24 F	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIG	SNATURE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR LTYPE OR PRINTS WAYNE UNGER 3/2/82 3:50 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 1 77 WHITE BUIL 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED U.S.A. BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR VAMC. BALTIMORE. MARYLAND 21218 INDUSTRY Shipbuilding Manufacturi 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Dorchester Rhodesdale Rural MIDDLE Douthitt 0. Unger Rachel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Boxs 78 17 INFORMANT 303-28-7253 Marjorie Unger Rhodesdale, MD21659 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: arcinoma DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOI 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE 220 1 certify that (X (this hospital) attended the deceased from FEBRUARY 23 MARCH 2 and that in (mx (our) opinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3900 LOCH RAVEN BLVD. BALTO. MD 21218 23c. NAME OF CEMETERY OR CREMATORY E. ShoreVet. Cem Beulah, Dorchester, MD Burial 24 FUNERAL DIRECTOR Zeller Funeral Home, EastNewMarket, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

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THE PROPERTY OF THE PROPERTY O 1/10-Alexander Lawrence Johnson 25 W 270 Domine County 954 M Frenchintering Bursel 3/27/28 mt. 2:00 Cem. Baltimore Over War C march F. H 1101 E. 120 Ft. Aug. Mil. 22 128 Ft. Aug. M.

14.00 Dakingue Da Grand Horris Die Grander De Danie Ge Balamare is surge Present 130 Vance Wenada 38390 South the state of the second state of the state of the second sta Exercise 3-6-82 ANDERCAS PORTER ANDRONS, 100. Eller description of the state of the second of the second

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⊕ m €		CEASED NAME FIRST	v	MIDDLE	VAR	NED	20 DATE OF DEATH MONTH		HOUR 9:48
oy b	3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)		NDER 24 P
ector.		MALE	I	BLACK	MONTH		53	MONTHS DAYS HO	URS A
erol du 72 hou	70 BI	RTHPLACE ISTATE OR FOREIGN COUNTRY) ALABAMA	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	XX NEVER MARRIED DIVORCED	Baltimore City Baltimore City		
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n 24 hour	130. S MA	RYLAND Bal	ME OR OTHER INSTITUTION OUNTY Ltimore	134. CITY OR TOWN	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	VALLEY ROA	AD
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and co		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE! YES	ARMED FORCES? S. GIVE WAR OR DATES) VIET-NAM			17 INFORMANT Else Varner	1920 Valley Ro	ad	
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he low requires the on. has been signed by the primit. Then pleo tene prior to burial, ows any injury, are	TIFICATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	CONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	INALDISEASE OF CONDITION OF	YES, WERE FINDINGS	USED
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	IENE & A	lo.	6 9	3
		CEASED NAME FIRST		MIDDLE	ON EN	LAST	20. DATE OF DEATH	MON1H [DAY YEAR	26 HOUR
	(,,,,	Josep	h	G.	VE	LEVIS	March 25	, 1982		9:00a M
	3 SE		4. RACE		5. DATE (6 AGE (IN YEARS LAST BI	_	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male	Wh	ite		rch 6. 1912	70	YRS.		MIN.
/	la B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
5	-	Maryland	U.S		WIDOWI	ED DIVORCED	Baltimo	re Cit	у	WE
18	10. C	Baltimore	(IF NOT IN SU	HOSPITAL, NURS IN CHEACHLITY, GIVE STREET Land Gene	ADDRESS)	lospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Sun Paper	DE WORKING LIFE	INDUSTRY	F BUSINESS OR
3.5	130 S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL aryland		Baltimor	VN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5225 To		., Md.	21206
H	14 F#	Joseph	WIDDLE	Velevis		15. MOTHER'S MAIDEN NAM	WE	No	t Known	1
1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	215-07-2		In informant Willema M. Vele	fe: ADDR vis 5225 !	lodd A	t., Md. venue	21204
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE				static Prostat	ic Carcino	na	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		1850 Conditions, if ony, which	DUE TO, O	Sepsis						
		gove rise to immediate couse (a), stating the underlying couse last.		Pneumonia						
	NO	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0.
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9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.	OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
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		220.1 certify that (1) (the stock) sow the deceased alive on above (X (we) (did) (XXA)	March	ne deceased from _ 25 19	March 82,	1 16 , 19 82 nd that in (m) (our) apinion (that (X (we) last couses stated
29		226. SIGNAHIRE	Libert	to mo			MEDICAL STA	FF CIAN []	3/25	
1		22d PHYSICIAN'S NAME (TYPE O		D.		c/o Marylan	d General H	lospit	al	
-		BURIAL, CREMATION, REMOVAL	236 DATE	23ε. Ι	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	100	Burial	Mar 2	9 1982 GE	ardens	of Faith	Baltin	ore	N	arvland

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Leomard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1/	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	GIENE 6 2	0693
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NA .	3 SE	x emale	Caucasian	S. DATE O	F BIRTH DAY YEAR 12 20	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
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100		Baltimore	11. NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GIVE 3111 E.	STREET ADDRESS!	t Street	12e USUAL OCCUPATI (TYPE OF WORK FOR MOST O Cafete	F WORKING LIFE! INDUSTRY
should be a	13a :	AL RESIDENCE IN NURSING HOME C STATE 136 COU Md	OR OTHER INSTITUTION, GIVE RESIDENCE INTY 13c CITY OF Bal	NWOT	134 INSIDE CITY LIMITS? YES NO 1	3111 E.	Monument Stre
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Pages 1	-		VE WAR OR DATES!	16-2431			E. Monument S
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physical rist cert rial-tra lental or Iter	MEDICAL CE	210 ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 216, INJURY OCCURRED	EATH HOUR A.M. MONTH	19	211 LOCATION	RED (ENTER NATURE OF INJUI	
ed by the hospital or attending JNERAL DIRECTOR: After th Stee detached for use as the but he State Dept. of Health and A RTANT: If Item 21 is marked	W	226. SIGNATURE	pital) attended the deceased f	from 7 V = 19 82 on	re, 19_8=1	deoth occurred on the do	thot (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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DHMH-16 25M VRA 15, 4) 1/79	24 F	Burial UNERAL DIRECTOR NAME UNDIANA UN	3/18/82	ESS	anislaus 36. DAI	Baltimor TE REC'D. BY REGISTRAR AR 19 1982	19 JEGISTRANS SIGNATURE

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7922 Wise Avenue, Dundalk, MD

STATE OF MARYLAND

	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	6	3 5
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	J.	\	/ITO	MA	RCH	13,1982	1:45P. M
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	WHAT COUNTRY?	8 MARRIEI		9. BALTIMORE CITY OF	COUNT	Y OF DEATH	
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Chui	rch Hosp	ital	Corp.	12ª USUAL OCCUPATIO)N WORKING I	12b. KIND	pf BUSINESS OR bestos rkers Un
RINSTITUTION	13c. CITY OR TOWN Balto	1	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 3409	Ker	nyon A	venue
.E	Vito		15. MOTHER'S MAIDEN NA. Mary	ME MIDDLE		Ave	rsa
FORCES?	166 SOCIAL SECUR 218-32-		Mary Vito	o (sister)		ne add	ress
ne couse per : AUSE (a)	line for (a), (b), and		CARDIOPULMONA	ARY ARREST		APPRO. BETWEEN	KIMATÉ INTERVAL ONSET AND DEATH
(b)	R AS A CONSEQUE	YOCAR	DIAL INFARCTI	ON			
DUE TO, OF	R AS A CONSEQUE	VCE OF					
(c)							
DER C	ANCER		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GI	VEN IN PART 1	0.
	NARY BLAD		ANCER	20a AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES	NGS USED S OF DEATH?
21b. TIME O	F INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 21	

PART 2. OTHER SIGNIFICANT CONDITION URINARY BLADDER

NICHOLAS

4 RACE

76 CITIZEN

11. NAME (IF NOT IT

MIDOLE

IMMEDIATE CAUSE (a

HOUR A.M.

P.M

21e PLACE OF INJURY

FOR - STATE REGISTRAR DECEASED NAME

Male

Md.

Md. 4. FATHER'S NAME

> (YES, NO OR UNKNOWN) no

A CITY OR TOWN OF DEATH

INTHPLACE (STATE OR FOREIGN

Baltimore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TO THE STATE

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:

if any, which gove rise to immediate (a), stoting

couse

ACCIDENT WAS UNDERLYING

NOT WHILE 22a. I certify that (I) this haspital

OR CONTRIBUTING CAUSE OF DEATH

19a DATE OF OPERATION

MARCH 4,1982

21d. INJURY OCCURRED

Nicholas 160 WAS DECEASED EVER IN U.S. ARMED FORCE

1 SEX

CERTIFICATION

MEDICAL

> DAY YEAR

> > 19

STATE

COUNTY CITY OR TOWN

opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

DEGREE

and that in (my

21f LOCATION

ATTENDING MEDICAL

MARCH 13,1982 STAFF DIRECTOR PHYSICIAN

EDWARD V. PLATIA, MD.

CHURCH HOSPITAL CORPORATION, 100 N.

BALTIMORF, MARYLAND 21231 23c. NAME OF CEMETERY OR CREMATORY

BURIAL, CREMATION, REMOVA	L 736. DA
(SPECIFY)	- 1-
Burial	3/1
	1/1-

Holy Redeemer

Baltimore

Md.

24 FUNERAL DIRECTOR Une Funeral Home, Inc. Brehms Lane. Balto. Md.

6/82

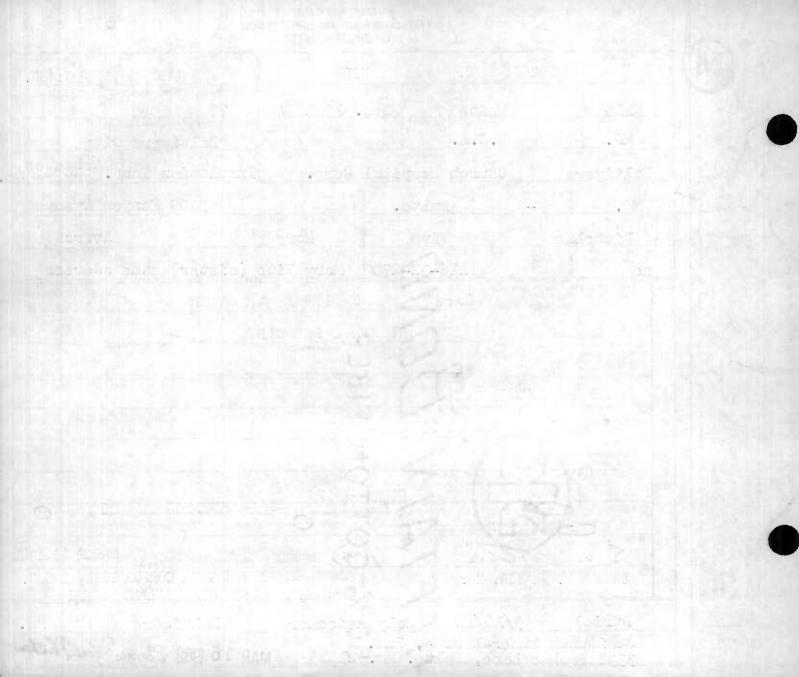
250. DATE REC'D. BY REGIST

DHMH - 16 50M 1/81 (VRA 15, 4)

and Mento! Hygiene

ar Item 18

MPORTANT:



Charles

Leonard J. Ruck, Inc. Baltimore, Maryland

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

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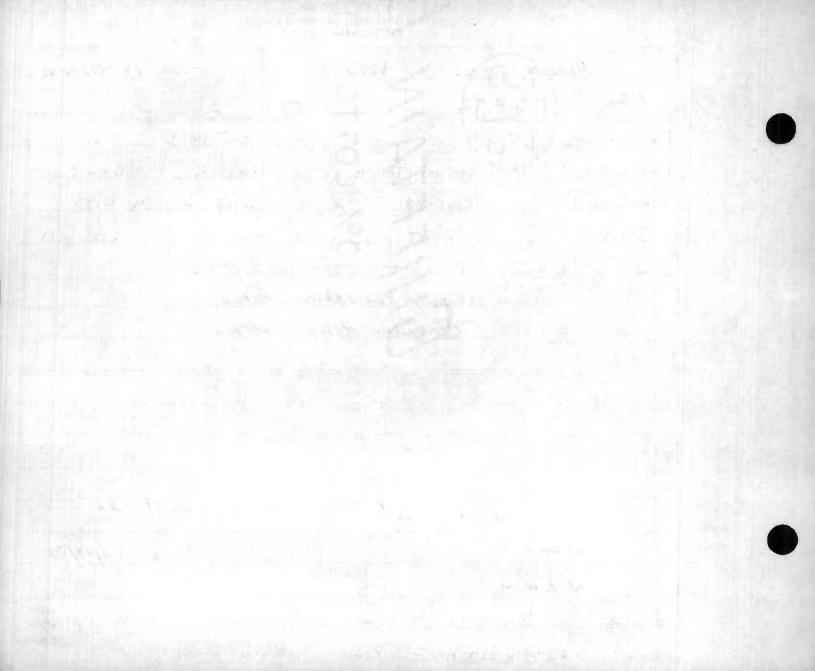
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1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
	F OR PRINT!		A .	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HO
	ALBE	RT A.	V067	MA	PR 17 1982 00:4
1 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR IF UNDE
	MALE	WHITS	MONTH DAY YEA	1 2	MONTHS DAYS HOURS
I B	IRTHPLACE I STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8	- 9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
-	COUNTRY	11 6 0	MARRIED NEVER MARRIE		0 °
	ARYLAND TITY OR TOWN OF DEATH	U.S.A.	RSING HOME OR OTHER INSTITUTION		179
-		(IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)	120 USUAL OCCUPATION	
B	STONITLA	GOOD SAMA	RITAN HOSPITAL	DRIVER	B.+ A. DUS
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ATION	couse 10 stating the underlying couse lost. PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THI		
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES \(\bigcap \) NO [
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN	VITEM 18 PART I OR PART 2)
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY
	sow the deceased alive or above, [1] [we] [did] (did no	of view the body ofter death.	02	\$2 , to	17. 19. 82., that (1) (ond hour and from the causes st
	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
	N. Lu		ATTEND PHYSIC		3/17/82
					3/17/82

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR EVANS FUNERAL CHAPEL 8800 HARFORD ROAD

MAR 2 9 1982 CHANGE STRATES SIGNATURE



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		11.	FOR STATE			DEPART	MENT OF	HEALTH	AND MEN	TAL HYGIE	NE Z	1.1	0	7 0	C)
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	芸芸者の長	3. SEX	(I. RACE	5. DATE OF BI	DAY YEAR	6. AGE (IN YE LAST BIRTHD			UNDER 24 HRS	PRONOUNCE	D	MÖNTH	DAY YEAR	2d. HOUR
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¥	N S S S S	16a. V	VAS DECEASED ES, NO OR UNKNOV	EVER IN U.S. ARA	WAR OR DATES)	16b. SO	CIAL SECURIT	YNO.	17 INFORMAL			ADDRESS			
BALTIMOR	24 HOURS AFTER DEATH. IF ANY DELAY IS ITEM 18. GIVE PAGES 1. 2, AND 3 TO THE PLONG WITH FORM PM. 3. RETAIN PAGE PERMIT. PAGES 1 AND 2 SHOULD BE FILED GIENE, DIVISION OF WITH RECORDS, 201 VAL.		No			2/0	8-03-91	508	Marie	M. Von	ndracek	13151	uri	e Way	21224
46	S. S		18 CAUSE OF	DEATH (Enter anl	y ane couse pe	r line for (o). (b), and (c),)							APPROXIMA	ATE INTERVAL
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DS.	PAL ANIMA		PART 2 DTNER SIG	NIFICANT CONDITIONS	ONTRIBUTING TO D	EATH BUT NOT REL	ATEO TO THE TERM	INAL DISEAS	OR CONDITION GI	VEN IN PART 1 (a)					
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	R. THIS CERTIFICATE SHATE, WORLD THE WORLD THE WORLD SHAMED TO THE CHARLE STATE DEPARTMENT OF 2 21201 PRIOR TO BUR		AT WORK	AT WORK											
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: PH, WITH THE SI, MARYLAND,		22a. I certify	that I taok charge	e of the remain	s described ob	ave, held an	Autop	sy . Ir	nspection X.	Inquiry	, ond	ın my apı	inion	
1	NE PET		death resulte	d from: Natur	al causes X	Accident	L. Su	icide	, Hamicide	. Und	etermined mann	ner .			
	CAMIPERTIFICE BE MITH TARKET		SHILL	1011	7	2			TITLE (SPEC	CIFY)					
	H, WILL		ACTUAL SIGNATURE	/X \/\^	NA	VI			D Assis	tant	DICAL EXAMIN	15.0	DATE	4-1-	82
	SEX SE	1	SIGNATURE_	// \	- 1	~			.b	WE	DICALEXAMIN	IER	SIGNE)	
	NO TO THE PERSON OF THE PERSON		EXAMINER'S	AAN A	n M. D	ivon M	.D.	-	1 '	11 Penn	St., Ba	alto.	Md.	21201	
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	<u>+</u> ⊕ ⊆ <u>+</u> 4 €	23o. B	SPECIFY)	ION, REMOVAL 2	3b. DATE	23c.			R CREMATORY	Y 23d. I	LOCATION		COUN	TY	STATE
7/3	BP		Buria	1	4-5-82		Garden	of of	Faith		Overled	2. Bal	to	o. M.	
200	DHMH - 17	24 F	UNERAL DIRECT	OR	40	DRESS _			25a	DATE REC'D.		25K REGIST	RAR'S SI	GNATURE	
	(VR A15 ME (5))	1	S. Toil	er & Son	Inc 1	5224 Fa	stonn	Avenu	10	APR 5	1982	Mune	ملواء	enlary	èn
	15M 2/80				- Colors C		37446	,, 0	~				- 66		

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24 FUNERAL SCHImunek Funeral Home, Inc.

3331 Brehms Lane, Balto. Md. 21213

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

126. KIND OF BUSINESS OR

Woolworth Co

Roman

APPROXIMATE INTERVAL

982

YES I

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

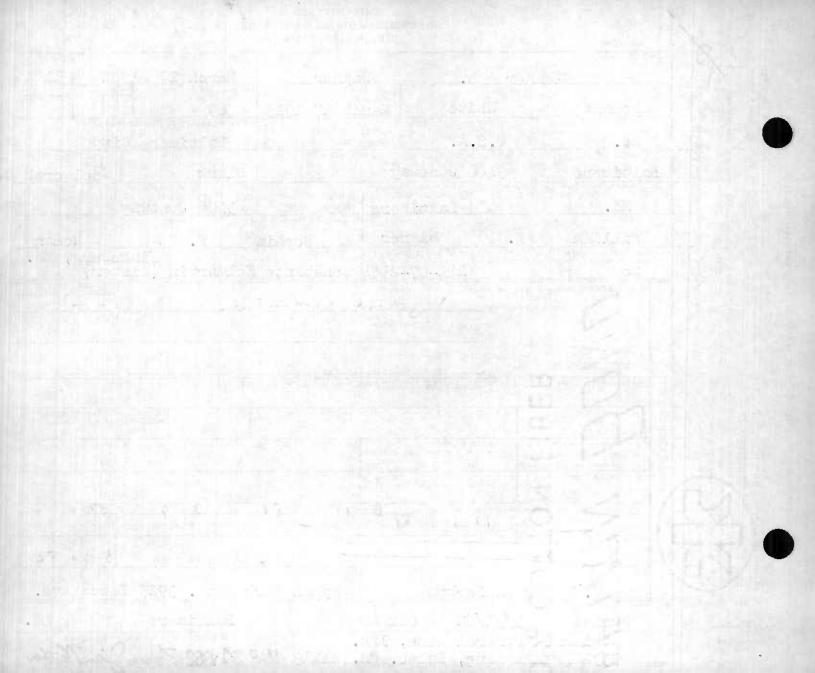
COUNTY

22c. DATE SIGNED

STATE

Md.

IF UNIOER I YEAR



Item

0

marked

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPAREMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) JOSEPH MARCH 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MAIL YEAR IFINI 65 6 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED U.S.A. BALTIMORE CI Maryland WIDOWED CITY OF TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR BALTIMORE INDUSTRY CIF MAR Truck Driver GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 1115 W. Cross Street IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME Unknown MIDDLE MIDDLE LAST Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2150109912 Joseph Wahlhaupter 1115 W. Cross Street 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: SHUCK ARDIOGENI IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ANTEROLIATER AL MYDCARDIAL TWAARD TICK Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 22a. I certify that (1) (this hospital) attended, the deceased from... 19.82 sow the deceased alive on , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 226. SIGNATUR 22c. DAITE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS MD MIV S. GRITENE 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN March23,1982 Meadowridge Mem. Park Dorsey Maryland 24 FUNERAL DIRECTOR BY REGISTRAR 256, REGISTRARS SIGNATUR

Chance

Leonard J. Ruck, Inc. Baltimore, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

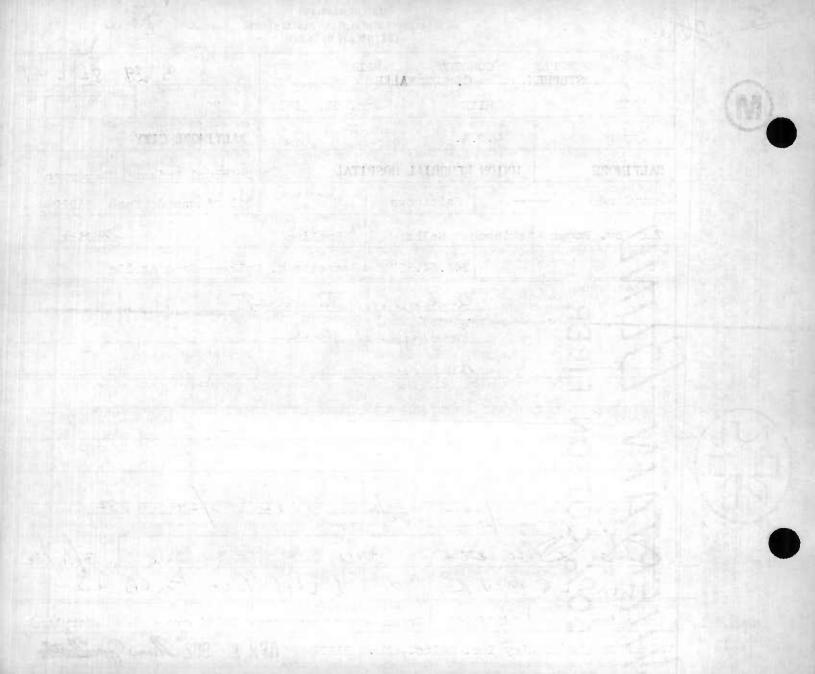
		REGISTRAR				CERTIN	ICAIL OIL	LATII	REG.	NO.			
- 1		CEASED NAME	FIRST		AIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	(TYPE	OR PRINT) STE	PHEN		NDICT		LKE			2 1	10	0-	111.12
			EDHEN	2	CONCI	CTWALKE		A) 1	4	85	4 701M
	3 SE)	(4	RACE		S. DATE C			6 AGE (IN YEARS LAST	BIRTHOAY)		ERIYEAR	IF UNDER 24 HRS
		MALE		WHIT			n. 21,	1912	,70	YRS.	MONTHS	DAYS	HOURS MIN.
~		RTHPLACE (STATE OF FOR	REIGN 7	L CITIZEN OF	WHAT COUN	TRY? 8	N NEVER	AARRIER	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
1		Japan	4	U.S.		WIDOWE		ORCED	BALTIMOR	E CIT	Y		MD.
3	10. CI	TY OR TOWN OF DEATH	H 1			JRSING HOME C		ITUTION	120 USUAL OCCUPA				F BUSINESS OR
4	B/	LTIMORE		UNION	MEMOR I	IAL HOSP	ITAL		TYPE OF WORK FOR MOS			DUSTRY	77 7000 00 00
1		AL RESIDENCE (IF NURSING	G HOME OR C						Episopal	Pries	LIC	rerg	yman
	13a S M:		36 COUNT		Balt:		134 INSIDE C	ITY LIMITS?	221 Ridge	smede	Road	21	210
4	-	THER'S NAME			1-3		YES (*)			mede	11000		210
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	16a W	AS DECEASED EVER IN		WAR OR DATES)		SECURITY NO.	17 INFORMA			RESS			
	No	ES, NO OR UNKNOWN)	(11 123, 0112		244.5	4.3676	Jeanet	te M. V	ValkeSa	ume as	13e		
- 1		IN CALICE OF DEATH	E-41		F I > (1	1					1	APPROXI	MATE INTERVAL DNSET AND DEATH
-1		18. CAUSE OF DEATH	S CAUSED	BY:	O. O.	ol, ond Ici.	1					BETWEENC	INSET AND DEATH
- 1		IA IA	MEDIATE	CAUSE (o)	und	colems	water	cure					
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1	100	gove rise to imme-		(b)	Caret	cogern	e m			_	-		
ч		couse (o), stating	the	DUE TO, OR	AŞ A CONS	EQUENCE OF							
. 1		underlying couse	lost.	((c)	ASCV	0							
- 1		PART 2 OTHER SIGNIF	ICANTO	ONDITIONS CO	NTRIBUTINO	TO DEATH BUT	NOT RELATED	TO THE TERMIN	VAL DISEASE OR CO	NDITION G	IVEN IN	PARI LIO	
- 1	2							TO THE TEMPTH				, , , , , , , ,	
\dashv	CERTIFICATION	19a DATE OF OPERATIO	IAC	19h CONDI	TION FOR W	HICH OPERATIO	NI WAS DEDECT	DIAFO	20g AUTOPSY?	Tank IE V	EC WEDI	C C LALD IA	105 11650
	Ž.	198 DATE OF OPERATIO) 4	198 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFO	KWED	Zua AUTOPST!				OF DEATH?
	E								YES NO	,	YES 🗍		NO 🗍
	S	210. ACCIDENT WAS UNDER	LYING	21b. TIME OF			21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PARTIOR	PART 7)	
		OR CONTRIBUTING CAL		1		DAY YEAR							
-1	0	(IF EITHER, NOTIFY MEDICAL		P.A		19							
- 1	MEDICAL	214 INJURY OCCURRED	D	21e. PLACE C		FFICE, FARM, ETC.)	211. LOCATIO	N	CITY OR	TOWN	co	UNIY	STATE
- [<	AT WORK AT WORK				1	100						
		22a.1 certify that (1) (th	his hospite	ol) ottended the	deceased for	om 3/16		10 82	10 3/2	7	10 8	2	that (I) (we) last
				2 /		100/	d that in (my)	(our) opinion de	eath occurred on the	data and he	our and f		
		sow the deceased above, (A) (we) (dy)	(did not)	view the body	after deoth.			(out) opinion at	om occorreg on the	dore ond ne			1
		226 SIGNATURE	11	1.			DEGREE				22	C.DATE !	SHENED
	1	Danie	SOY!	neue	get !	ı		TTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN A		31	6 /82
		22d. PHYSICIAN'S NAM	E (TYPE OR	PRINT)	17711	45	22e ADDRES		1,	1		-	-
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	4	MAISI			-1-		10/	0000	1		700		
	23a. B	URIAL, CREMATION, RE	MOVAL	23b. DATE		23c. NAME OF C	EMETERY OR	REMATORY	236 LOCATION			2	
	C	remation		3/30/1	L982	Green M	ount C	rematory	Baltimo	re	COUN	Ma	ryland
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DHMH - 16 50M 1/81 (VRA 15, 4)

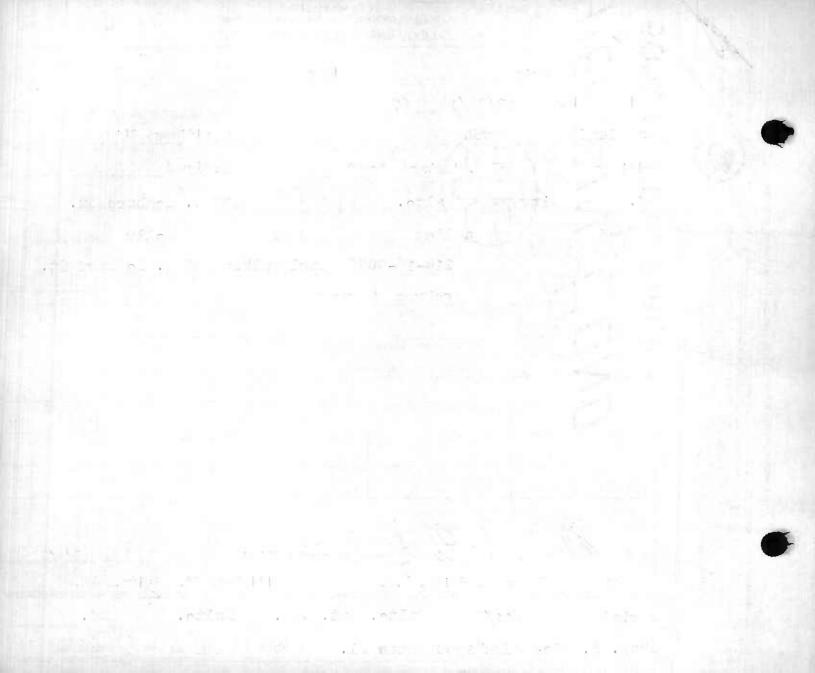
MPORTANT: If Item 21 is morked or Item 18 shows on

Walter Brooks Bradley Inc. Balto., Md.

21222



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME KNOWN W (TYPE OR PRINT) OF ESTI-DEATH MATED STREET Beatrice Walker 6 1982 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. 2c. DATE PRONOUNCED 2d HOUR 2:54 YEAR LAST BIRTHDAY) 8 1982 Female Black 24 6 4 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA Baltimore City. WIDOWED # DIVORCED ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS Retired OR INDUSTRY 837 W. Baltimore Lombard Street ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 134 INSIDE CITY HIMITS? 13e STREET ADDRESS Md City Balto YES THE NO Lombard St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE LAST Fred Rawling Emma Holly DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USDE AS A BURIAL - TRANSIT PERMIT, PAGES 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) 214-16-9076 Earl Walker 837 W. Lombard CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Carcinoma of breast IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO IX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 214 PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inspection death resulted from Hamicide L Undetermined monner Suicide TITLE (SPECIFY) Deputy ChiefMEDICAL EXAMINER 3/8/82 SIGNATURE Thomas D. Smith, EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 5M STATE Balto. Balto. Nat. Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Chas. A. Rice FSPA 1300 Eutaw Pl. (VR A15 ME (5)) 15M 2/80



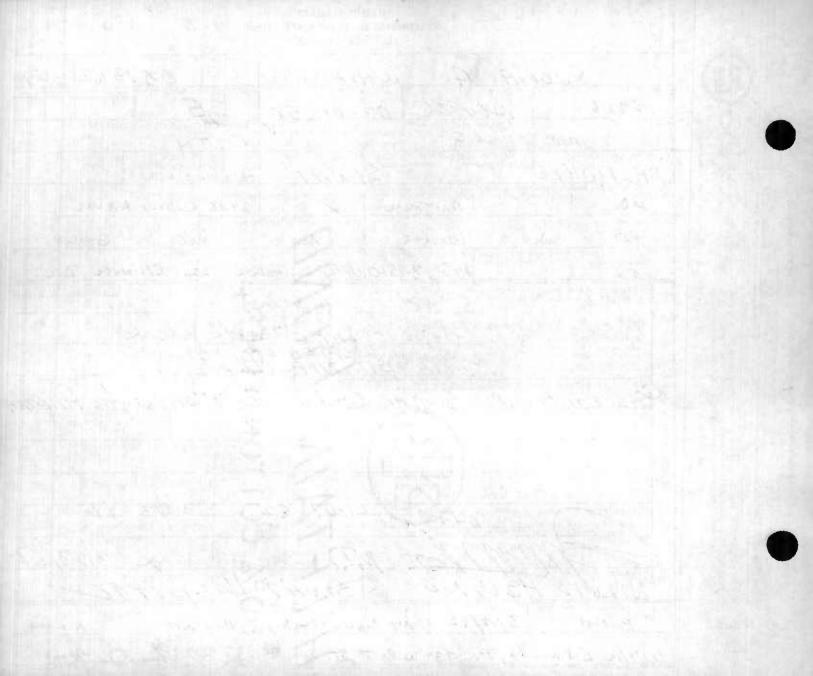
739 W. PRATT ST.

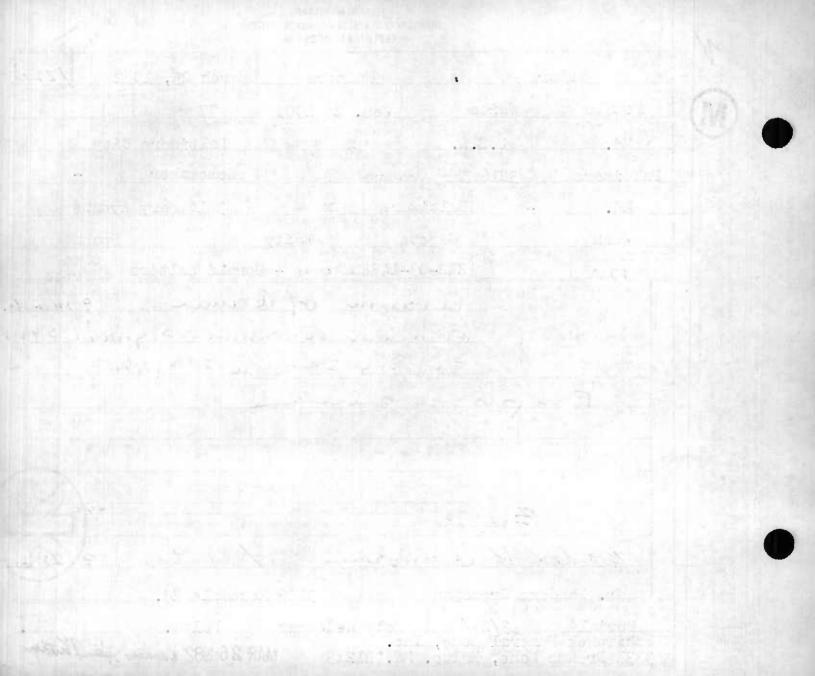
- STATE

Willie Edmonds, JR.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





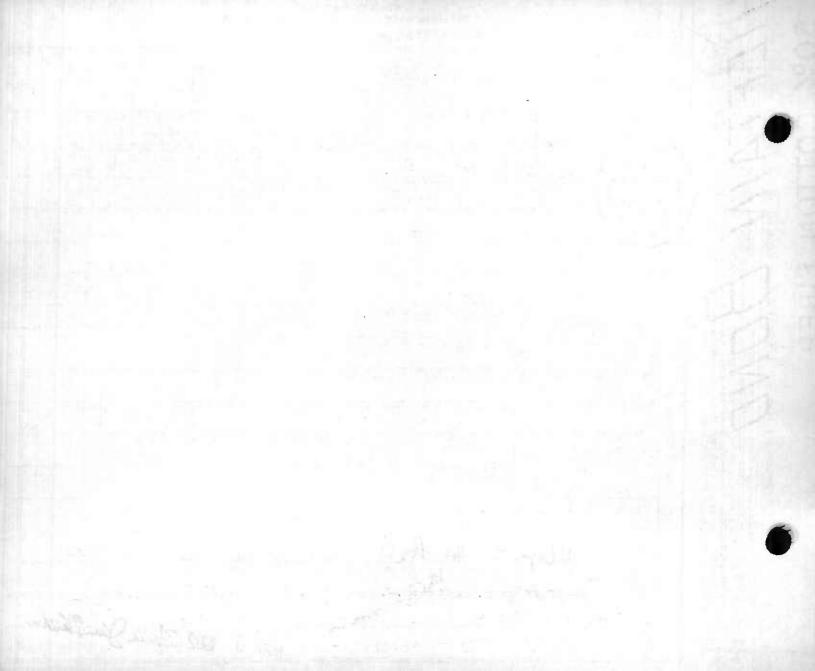
4905 York Road Balto., Md. 21212

(VRA 15, 4)

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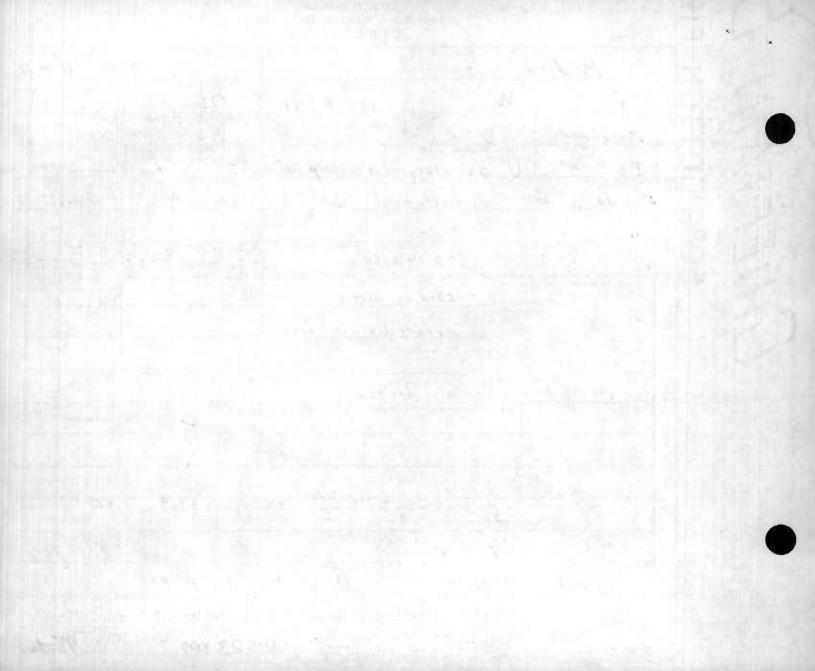
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STATE OF MARYLAND



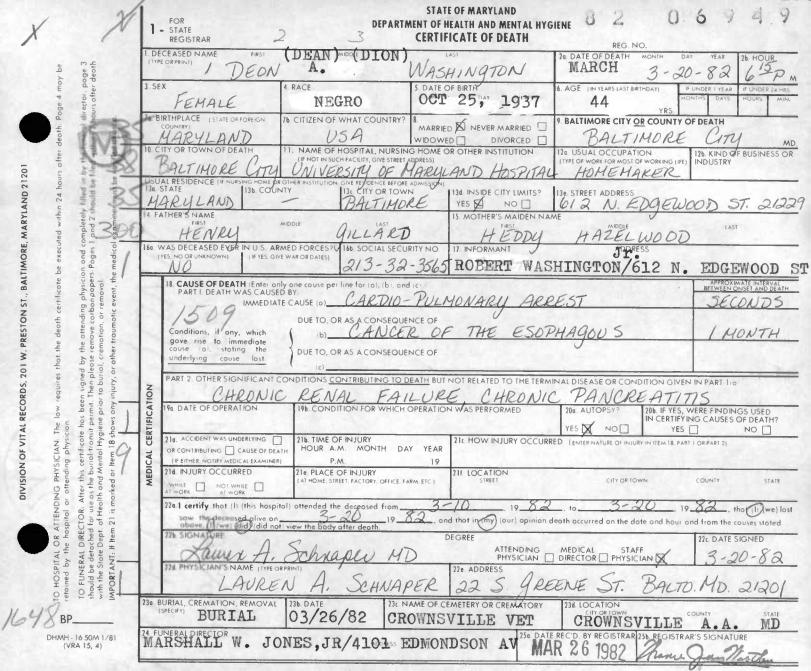
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	It	ems 7a, 13		er phone	STAT	E OF MARYLAND	15 13	0 6	3 4 5
-	1.	FOR 3/24/8 STATE REGISTRAR	2 dad	DEPART		FICATE OF DEATH	YGIENE AREG. N	0.	7 4 0
(mm)	1 DE	CEASED NAME	FIRST	WIODIE	6 300	LAST	20. DATE OF DEATH		EAR 26 HOUR
共 解釋[]			GONA	-	w	ARNER		03 08 8	2 5 A
e de la companya de l	3 SE	X	4 RACE		5. DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
5		FEMALE	CAUC	ASIAN	69	08 1887	94	YRS.	DATS HOURS MIN
1 1 99	70 B	Unkn.	FIGN 76 CITIZEN	OF WHAT COUNTRY	? 8. MARRIE WIDOW	DIVORCED	Balto. C	<u>er</u> county of dea Ltv	TH
BI		alto.	(IF NOT IN	OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE Hospital		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		IND OF BUSINESS O
B dille	USU 13a	AL RESIDENCE (IF NURSING TATE			WN	138 INSIDE CITY LIMITS?		- Box 316	21219
mpletely exomine	14. F/	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AAME MIDDLE	- BOX 310	LAST
Poges 1	1	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCES IF YES, GIVE WAR OR DATES	218-76-		17. INFORMANT	ADDR	ESS	
how requires that the dian. In the bear signed by the of permit. Then please removene prior to buriol, cremoting only injury, or other tro	CERTIFICATION	Conditions, if ony, of one of one of the cause of the cau	diote the last (c),	OR AS A CONSEQUE CH	DEATH BUT	SIPMS NOT RELATED TO THE TER	RMINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	DITION GIVEN IN PA	FINDINGS USED
ng physicio certificate l unol-transit lentol Hygie ltem 18 sho		71a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR	E OF INJURY A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		RT 2)
ter this certification of the puriol-th ond Mentol riked or Item	MEDICAL	21d. INJURY OCCURRE WHILE AT WORK AT WORK	D 21e PLAC	CE OF INJURY , STREET, FACTORY, OFFICE,		711. LOCATION STREET	CITY OR TO	wn count	TY STATE
VERAL DIRECTOR: Af be detoched for use o e Store Dept. of Health FANT: if Item 21 is mo		270. I certify that (I) (t sow the accessed above (II) we) (due 27b. SIGNATURE	Jon Replace	1/02 10			MEDICAL STA	72c.	m the couses stated DATE SIGNED 3/8-/52
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If	220	BURIAL, CREMATION, RE	DON RAPIN		NAME OF	Bulkner	Cty Hosp	·hli	
RP	£30.	SPECIFY) Removal		3/82		MY BOARD	CITY OR TOWN	COUNTY	STATE
MH - 16 50M 1/76 (VR A 15 (4))		JNERAL DIRECTOR NAME Anatomy Boa		ADDRESS Balto.,		250 D.	ATE REC'D. BY REGISTRAN AR 1 8 1982	The will gu	and the state of

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH YEAR 26 HOUR Louvinia Washington 22 82 5 DATE OF BIRTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1902 Black 79 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U. S. A. Baltimore City, WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker rederal Nursing Home INDUSTRY

5	13a. S	AL RESIDENCE (IF NURS) STATE ryland	NG H ME OR OTHER INST	ITUTION GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN Baltimore	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS Baltimore	539 Bloom , Marylan	Street d 21217
0		resley	MIDDLE	Washington	15. MOTHER'S MAIDEN NAM	MIDDLE		:Ws
7		vas deceased ever ves. no or unknown) NO	IN U.S. ARMED FOR (IF YES, GIVE WAR OR D		I Mrs. Ethe			
	Z	PART I. DEATH W	AS CAUSED BY IMMEDIATE CAUSE Which lediate g the last. DUE	TO, OR AS A CONSEQUENCE OF (c) TO, OR AS A CONSEQUENCE OF (c) TO OR AS A CONSEQUENCE OF (c)	itruni Lometrusi C I NOT RELATED TO THE TERMI	MALDISEASE OR CONI	BETWE	OXMATE INTERVAL N ONSELAND DEATH
	CERTIFICATION	190 DATE OF OPERAT	19h 19h (CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
	MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY AT WORL AT WORL AT WORL	AUSE OF DEATH HOLAL EXAMINER) ED 21e P (AT HO	TIME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY OME STREET, FACTORY OFFICE, FARM, ETC.)	216 HOW INJURY OCCURRE 211 LOCATION STREET	ED (ENTER NATURE OF INJUI		STATE
		saw the decease	d olive an 3 2 did (did nat) view the	ded the deceased from 19 82 c	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	eath occurred an the do	ote and hour and from to 27c. DA	that (1) (we) last the couses stated TE SIGNED
		Dr. Mars	sha Brow	n MD	844 N. Car	ey Street	,Balto.,M	ld. 21217

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 3/27/82 Burial

FOR

REGISTRAR

Female

DECEASED NAME

irginia

Baltimore

- STATE

3 SEX

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park

Baltimore County, Maryland

E. NUTTER FUNEVAL HOME 3035 W. NORTH AND. 31 1982

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE The test of the service of the servi the to the second by the second Marsell IV. Gray A. D. day Co. Lil Harall

the state of	FOR STATE REGIST	RAR	м	DEPARTMENT	OF HEALT		NTAL HYGIE	Con Con	0 6	7 5	2
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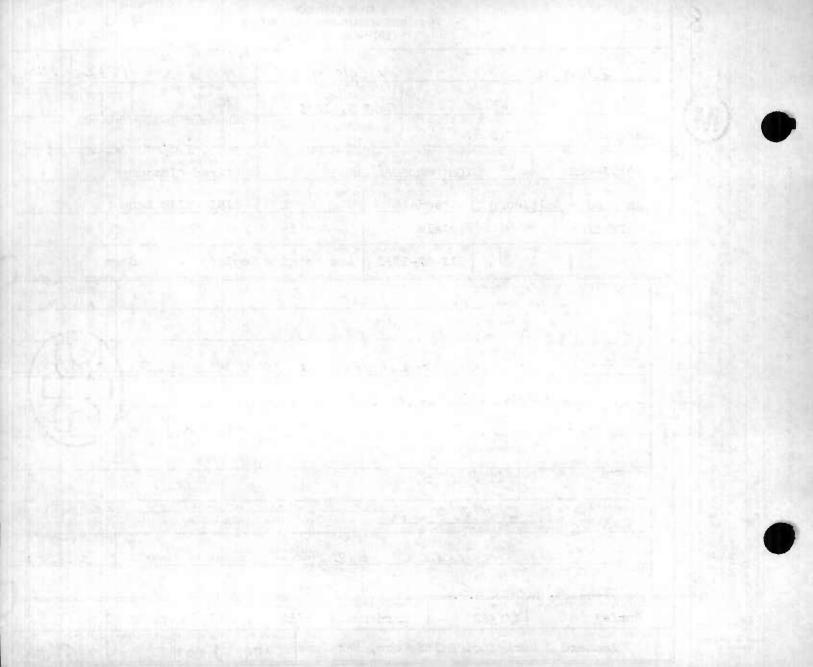
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS 03 WEISKITTEL ELIZA BLAIR 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR F UNDER 24 HRS White Female April 18, 1896 85 Ta BIRTHPLACE (STATE OR FOREIGN 7b CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Indiana USA Baltimore City DIVORCED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Union Memorial Hospital Baltimore None USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore St. Paul Street YES X 1101 NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Jessie Balin Eliza Harvev Hoefgen 16a WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT No 111 36 3762 Calhoun Bond, Balto., Md. 21201 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY SEPTIC EMIA IMMEDIATE CAUSE ROBBBLE BOWEL INFARCTION OF URINARY Conditions, if ony, which gove rise to immediate TRACT IN FECTION couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (0 CERTIFICATION BRINARY 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71b. TIME YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC | STATE NOT WHILE the deceased from 22a.1 certify that the (this haspital) attended 03 sow the deceased alive an_above, (1) (we) (did) (and and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 22e ADDRESS MEMORIAL

231 NAME OF CEMETERY OR CREMATORY

Crown Hill

BP_____ Removal-Burial

DHMH-16 50M 1/81

PHONE ALD DIRECTOR Henr

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

4/1/82

23b DATE

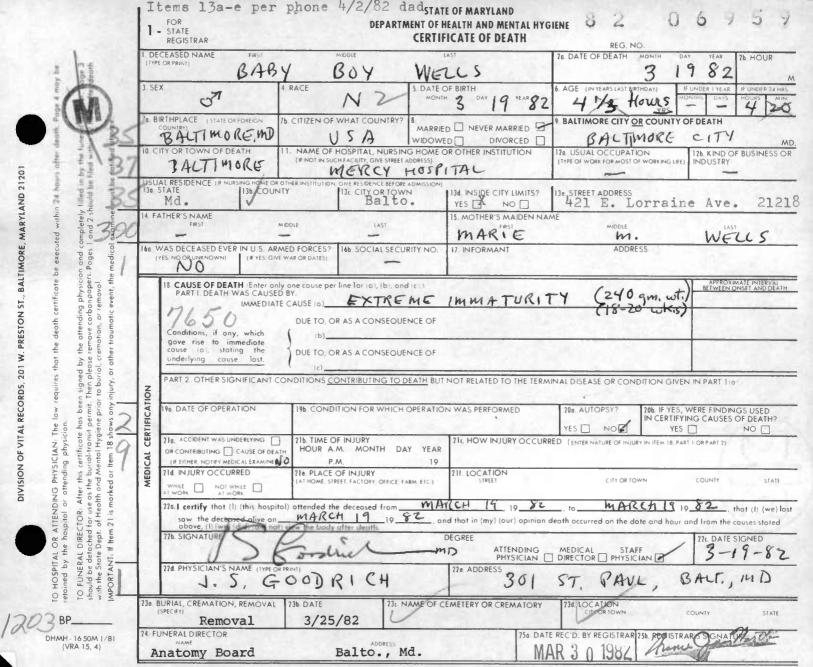
Indianapolis, Indiana

So Date Rec'd by Registrar Puber Gistraps Signature

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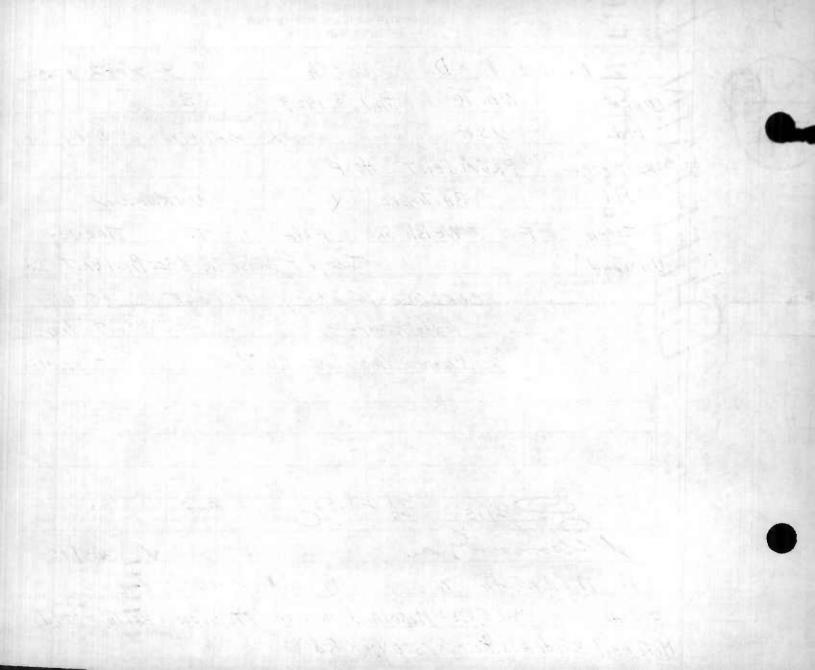
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ADDRESS

1721 N. MONROE ST

ELTZABETH L. PHILLIPS

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DAY

26

YEAR

IF UNDER 1 YEAR

MONTHS DAYS

INDUSTRY

82

7h HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

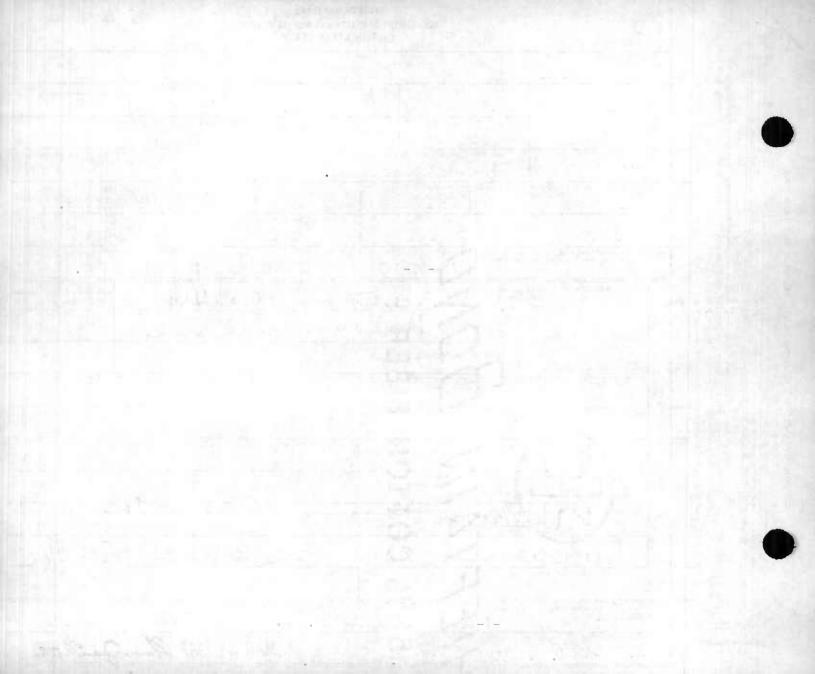
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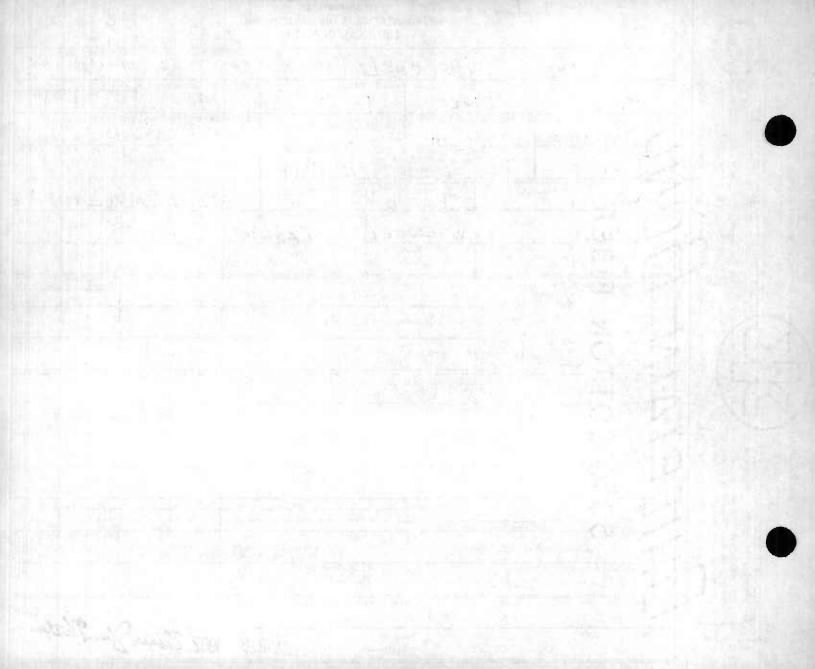
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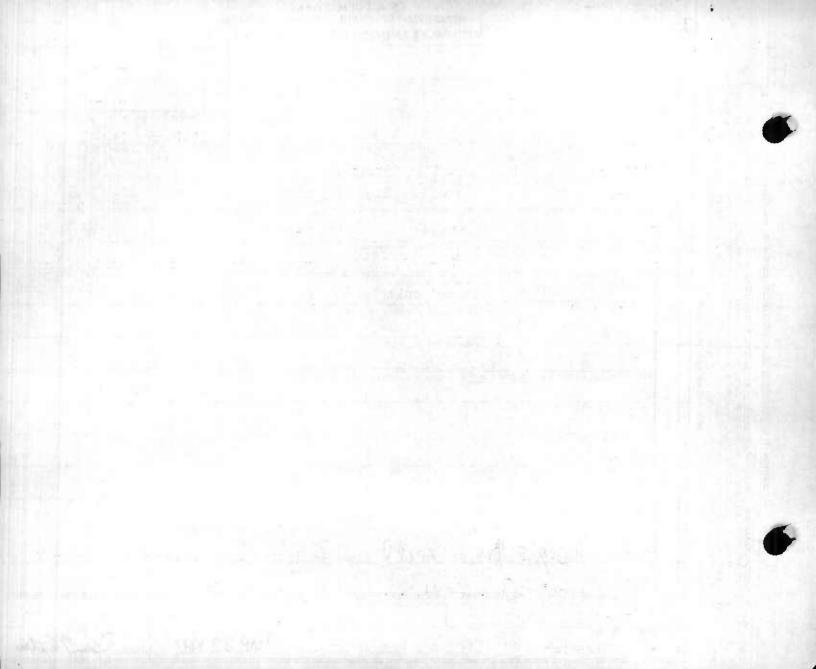
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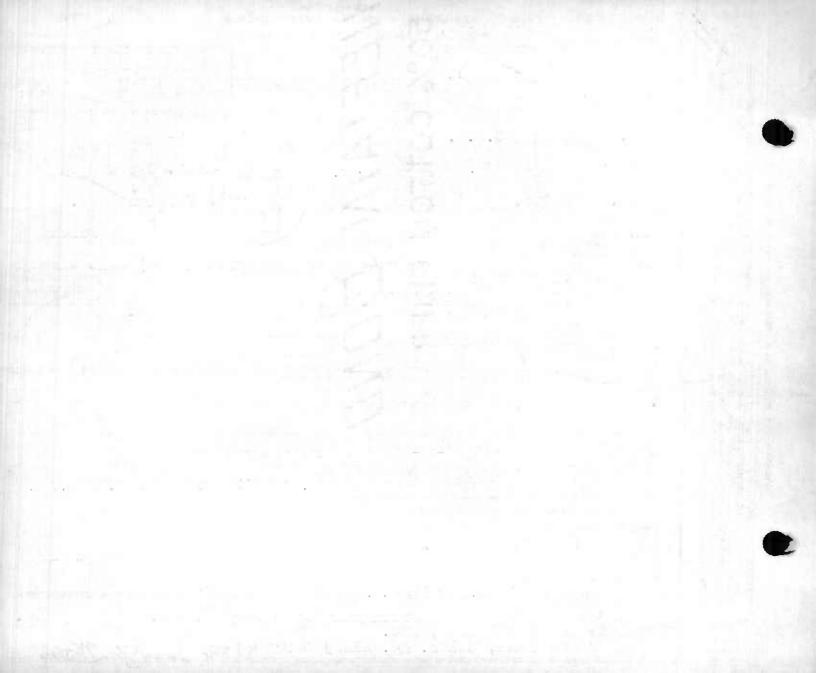




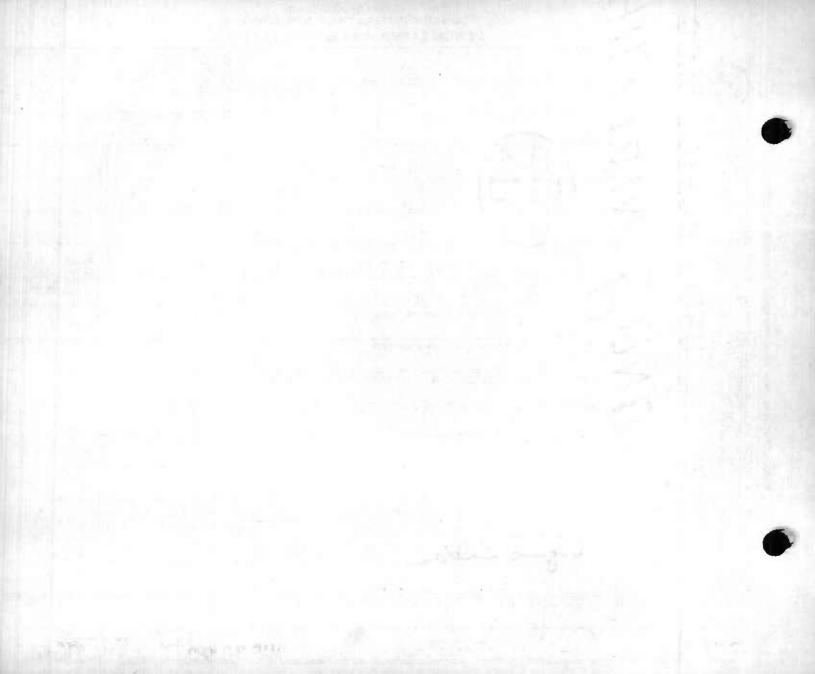
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	PAGE PAGE -	230.1			23b. DATE	1 1 1 1			R CREMATOR		23d. LOCATION		COUNT	γ ετ	ATE
0900) BP		Bur	ial	3/24/82	K	ing M	emor	ial P		Balt	imore	C	0.	MD
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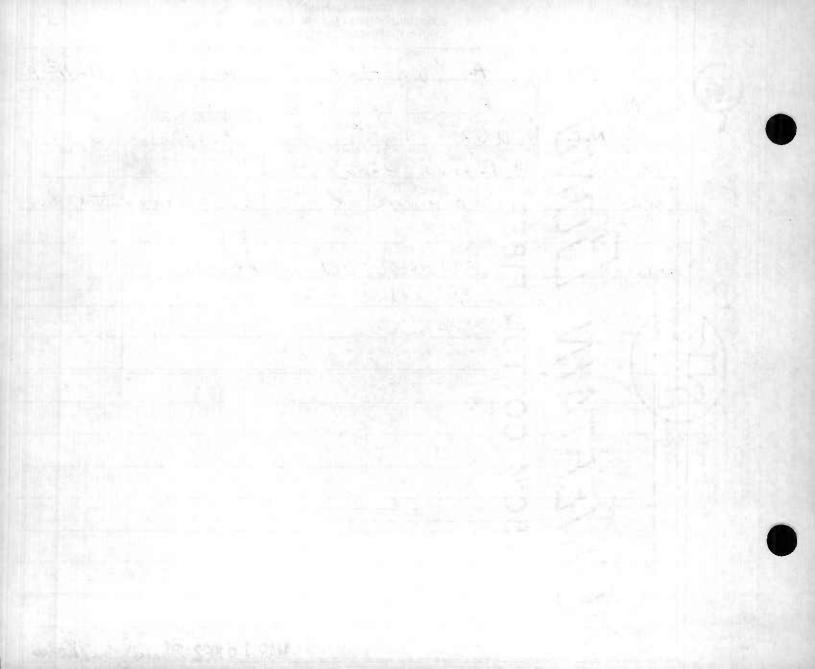
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN (TYPE OR PRINT) 3-25-8210 ANDREW DEATH MATED WHITE 1 SFX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male white 3-25-82 10 6 1915 66 DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) U.S.A. Md. WIDOWED DIVORCED Baltimore City 3. RETAIN PAGE 5. SHOULD BE FILED, IB. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Baltimore 100blk. Brookhill Rd.nr Eberle Drive -Acct. Clerk Beth Steel USUAL RESIDENCE HEIN NUMBER 13a STATE 13c. CITY OR TOWN 13e STREET ADDRESS Balto. Md. Towson 954 Fairmont Ave. 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME N White Welch DIVISION OF VIT Andrew Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 212-01-4423 Bernice White (wife) same address CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYINGXXOR pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21f. LOCATION PAGE 4 SHOULD BE FURTHERS AS TO FUNERAL DIRECTOR: PAGE 3 SHAFIER DEATH, WITH THE STATE DEPT ARTIMORE, MARYNAND, 21201 PRI 21d. INJURY OCCURRED 42006lk.Brookhill "Mr. TowEberle Dr. Balto.. Md. STATE WHILE AT WORK XX 220 I certify that I took charge of the remains described above, held an Autopsy Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Md. Cremation Greenmount Crematbry 24 FUNERCHIERTONEK Funeral Home, Inc. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Brehms Lane Balto. Md. 21213 **DHMH-17** (VR A15 ME (5)) 15M 2/80



	2		FOR STATE				MENT OF	HEALTH		ENTAL HY	- 10 m	. () 6	4 6	1
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	SE S		220 I certify	that I toak charg	ge of the remains desc	ribed abo	ve, held on	Autops	у Ц.	Inspection	X, Inquir	y Lone	d in my op	inion	
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	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT			EG. NO.	06	170
		CEASED NAME	FRANK	٨	AIDDLE	W	TCK .	2	0. DATE OF DE.	ATH MONTH	DAY YEAR	26 HOUR
			Frank		J		WICK			03	25 87	1:45 AM
1	3 SE	X	4.	RACE		5. DATE C		YE AR	AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
m)		MALE		WHIT		Nov			77	YR:	S.	NOONS MIN.
30	er B	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7b.	CITIZEN OF V	WHAT COUNTRY	MARRIE	NEVER MARR	RIED D	BALTIMORE	CITY OR COUN	NTY OF DEATH	
5		MD.		U.	S.A.	WIDOWE		CED 🗍	Balt	timore	City	MD
31		altimore	ATH III	(IF NOT IN SUCH	HEACHLITY GIVE STREE	(ADDRESS)	ROTHER INSTITUT Hospita		USUALOCCE WARK FOR	UPATION LAOST OF WORKING Carrie		Gov't
35	13a. S	AL RESIDENCE (IF NURS	13b COUNTY		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltin	VN	13d. INSIDE CITY LI		3e. STREET ADD		field A	Ave.
3501		John	MIDI		Wick			argar	et	DDLE	LA.	st
e medico		WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W.		220-40		Charlo	tte W		wife)	samoadd	lress
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roumatic		Conditions, if ony,	which	DUE TO, OR	AS A CONSEQU							
r other t		gove rise ta imm cause (a), statin underlying cause	g the	DUE TO, OR AS A CONSEQUENCE OF								
njury, a	NO	PART 2. OTHER SIGN	. 1 -	DITIONS CO	NTRIBUTING TO	0		THE TERMIN	AL DISEASE OF	CONDITION	SIVEN IN PART 1	ía.
yows ony	CERTIFICATION	190 DATE OF OPERA	ION	A language of A series of the						YES, WERE FINDI	NGS USED S OF DEATH?	
18 s		210. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M	A. MONTH D	AY YEAR	21c HOW INJURY	OCCURRED	O (ENTER NATURE	OF INJURY IN ITEM !	IB PART I OR PART 2]	
is marked or Item 18	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE C	OF INJURY SET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CIT	Y OR TOWN	COUNTY	STATE
Item 21 is ma		220.1 certify that (1) saw the decease above (1) (we) (this haspital ad alive on (d) (did nat) vi	attended the	deceased from 19		3/-8/, 19 d that in (my) (our)		, 10	the date and h		that (I) we last
ZI. # Hen		226. SIGNATURE				C	PHYS	IDING	MEDICAL DIRECTOR P	STAFF PHYSICIAN D		- 25-12
IMPORTANT: IF		22d PHYSICIAN'S NA	es C.	noni en	MD.		Salti	more	city H	rspital	12	
5		BURIAL, CREMATION, (SPECIFY) Buria	1	3/27	7/82 G	arden	METERY OR CREM	ATORY	23d. LOCATIO	N	COUNTY	Md.
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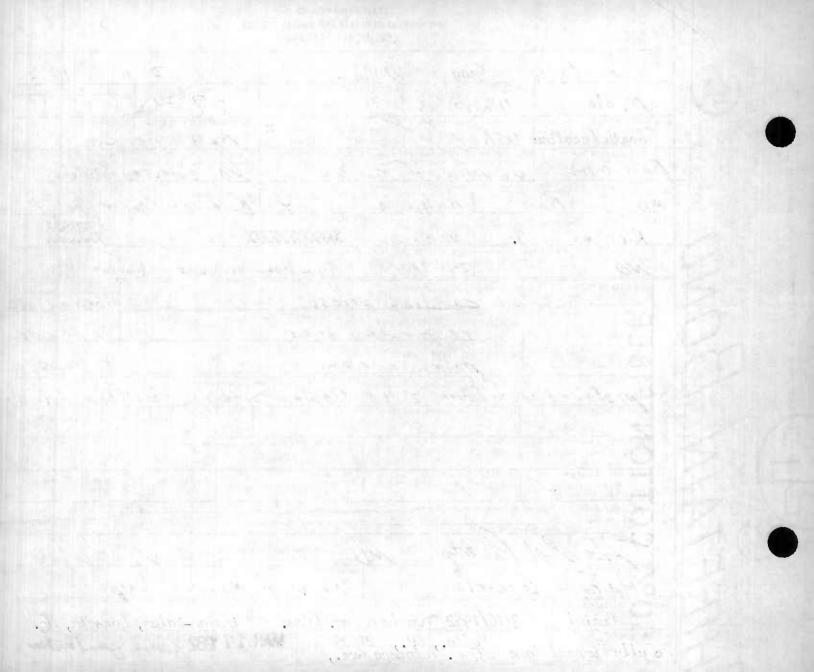
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

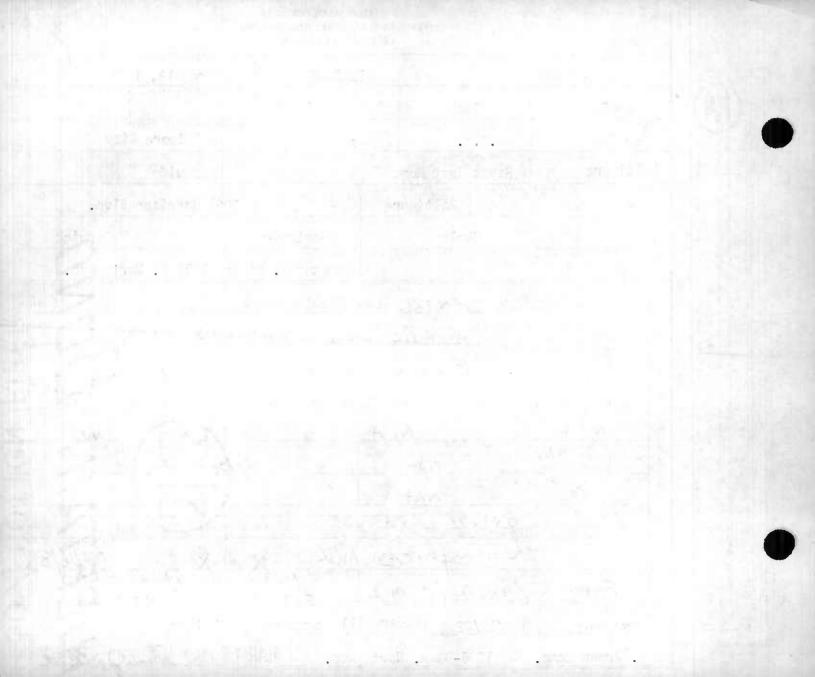
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J.	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 💍 🚣	06914
t moy be		CEASED NAME FIRST OR PRINT) MARY	A RACE	W/L S. DATE C	F BIRTH		3 15 82 4 3 A
Lineral Allisher 72 hoses	C	RTHPLACE (STATE OR FOREIGN DUNTRY) TY OR TOWN OF DEATH	76 CITIZEN OF WHAT CO	MARRIE	DI NEVER MARRIED DI DIVORCED DI	9 BALTIMORE CITY OF BALTO 12a USUAL OCCUPATION	R COUNTY OF DEATH 126. KIND OF BUSINESS OR
AND 21201 24 hours offer filled in by it could be filled	USU/ 130 S	ALTO AL RESIDENCE (IF NURSING HOME OR TATE 136. COUN	(IF NOT IN SUCH FACILITY, C SALTO!	GIVE STREET ADDRESS)	13d. INSIDE CITY LIMITS? YES ON O	130 STREET ADDRESS	ausewite White
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vysicion and completely filled in by apers. Pages 1 and 2 she left the fill wool. Int, the medical examiner manual.	16a V	FRANK VAS DECEASED EVER IN U.S. AR.	MIDDLE SM 1"	IAST H IAL SECURITY NO.	15 MOTHER'S MAIDEN NA FIRST MARY 17 INFORMANT	ADDRE	HOW SER
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TAL RECORDS, 2 The low requires recon. Ite hos been signe signer prior to bour shows ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (196 CONDITION FOR		N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO
PHYSICIAN: PHYSICIAN: this certifica he bunal-train and Mental! His	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK		19 Y	21t. HOW INJURY OCCUR	RED (ENTER NATURE 6 F INJUR CITY OR TOW	
OR ATTEND OR ATTEND DIRECTOR: 4 Doched for use Dept: of Heal		220.1 certify that (I (this haspi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	100 1	19_82_, or	DEGREE	MEDICAL STAF	
TO HOSPITAL retoined by th TO FUNERAL should be dett with the Store IMPORTANT:	73a 1	224 PHYSICIAN STIAME ATTE OF	21656	123¢ NAME OF C	PHYSICIAN [22e ADDRESS 3806 5, H14 EMETERY OR CREMATORY	DIRECTOR PHYSIC	7
302 BP DHMH-16 50M 7/77 (VR A 15 (4))		DINERAL DIRECTOR	Mar. 19, 198		Hill Cemetery	Baltimos	COUNTY STATE

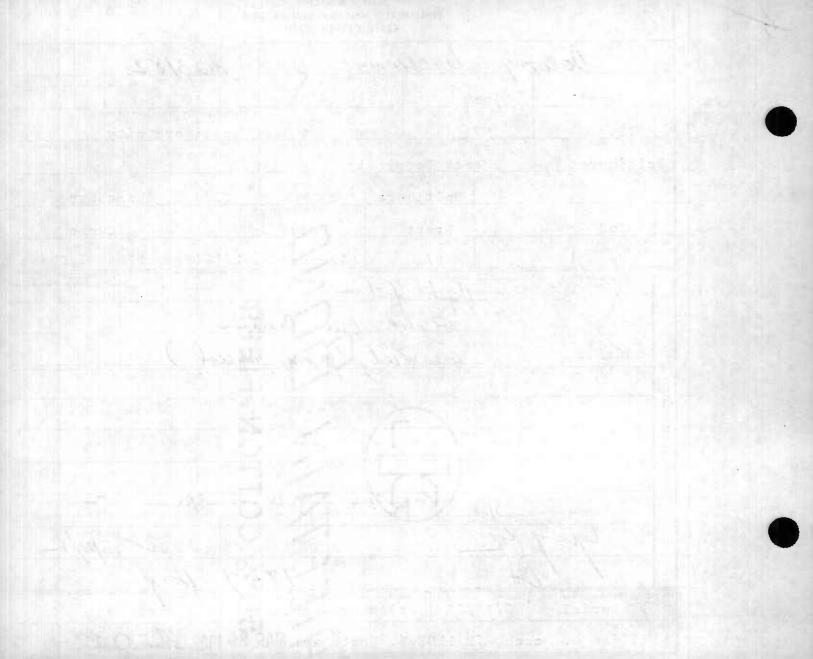
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





5	FOR 1 - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	06971
oy be oge 3	DECEASED NAME STREET OR PRINTS	7944 L. WILLIAM	LAST	3/23/8	DAY YEAR 26 HOUR
4 mc for. p	3 SEX	MON		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Poge	female 70. BIRTHPLACE (STATE OR FOREIGN	black 7b CITIZEN OF WHAT COUNTRY? 8	26 31	51 YR	V-
deoth.	N.C.	MARRI	ED NEVERMARRIED	9 BALTIMORE CITY OR COUN	
der de	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		Baltimore 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10 13 37	Baltimore	Mercy Hospita	1	(TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
hood	JOUAL RESIDENCE (IF NURSING HOME OF 30 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	
in 24	Md	Baltimore	YES X NO	2306 E. C	hase Street
4 12 kg	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
ned a	Bud 160 WAS DECEASED EVER IN U.S. A	Grant RMED FORCES? 166 SOCIAL SECURITY NO.	Roena		Cumbo
exec garden		IVE WAR OR DATES) N/A	17 INFORMANT	ADDRESS	2306 E. Chase
w requires that the death certifications are signed by the attending physical. Then please remove corbest and rice to burial, cremation, or remover my injury, or other traumatic events.	Conditions, 11 ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU		MINAL DISEASE OR CONDITION OF	
PHYSICIAN: The lovending physicion. This certificate has be buriol-tronsit permand Amenial Hygiene produced to them 18 shows on	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	TOO AUTOPST? TOO IT IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO B PART I OR PART ?) COUNTY STATE
HOSFITAL OR ATTENDING POUNCE IN The hospital or other thought of the sound in the hospital of Heelihome Port of Heelihom	AT WORK AT WORK 220.1 certify that (1) (this hasp	ital) attended the deceased from	DEGREE	deoth occurred on the dote and h	. 19 Posthot (I) (we) lost
804 BP	730 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		EMETERY OR CREMATORY burn Cemete	ry Baltimor	



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dentity and give or lines	21229	d instronous lation ave.	.u.not.	5 - U31n
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2 28 XX XAR B			VI 3411	TESTED !
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				+ 110 001

nust be aptified at ance

injury, or other traumotic event, the

should be detached for use as the burial-transit permit. Then please remove carbany with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

OR ATTENDING PHYSICIAN: The

MPORTANT: If them 21 is morked or Item 18 shows

ly filled in the the lu should be filed with

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
-		CEASED NAME FIRST	MIDDLE	F1 78014	AST	20. DATE OF DEATH		AY YEAR	2b HOUR
1	(11776	MAGGIE	V.	WI	LLIAMS	And he as	3-2	-82	9:2×P
j	3. SE		4. RACE	S. DATE O	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY	FUNDER ! YEAR	IF UNDER 24 HRS
i		FEMALE	CAUC.	MONT	127/84	97	YRS.	ONTHS DAYS	HOURS MIN.
0	Ja. Bil	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
>		MO.	4.5,	WIDOWE		BALTIMORE	CITY		MD
1	10_CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
-		BALTIMORE	UNION MEMOR	IAL HOSP	ITAL	(TIPE OF WORK FOR MOST C	Y WORKING (IFE)	INDUSTRY	
1	130 S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OF		13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	13e STREET ADDRESS	BERI	17 5	7,
)	14 FA	ATHER'S NAME FIRST	Aiparte LAS	ıt	15. MOTHER'S MAIDEN NAM			LAS	
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
	_ /	NO -	TO WAR ON DATES		DAUGHTE	17			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for 10), (b), and ici.	Covarenla			BETWEEN	MATE INTERVAL
	-9	ILA (IMMEDIA	TE CAUSE (OLITHURORE	wire (al	Covaccara	diller		URO	in
		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF				0	
		gove rise to immediate couse (o), stating the	(b)	W. 777				1	
		underlying couse lost	DUE TO, OR AS A CONS	SEQUENCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	0
	NO	Jarge De	evel 06.	structo	2				
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDIN	OF DEATHS
	RTIF					YES NO	YES		NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PAR	RT I OR PART 2}	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				3.431	
	MED	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		AT WORK AT WORK				1	-		
	34	220.1 certify that (1) (this haspi	3/4	1/3	d that in (my Cour opinion d	e, to			that (I) we lost
		obove (1) Pust and and no	(51) view the body ofter death		DEGREE	eom occurred on the do	te ond nour t	22c. DATE	
		7/	Tokel	m	ATTENDING	MEDICAL STAF		3-7	- JY
-		22d. PHYSICIAN S NAME (TYPE O	OR PRINTY	- ///.	PHYSICIAN [DIRECTOR PHYSIC	IAN LA	7 -	_
		Y.YOKEL	M.D.			RIAL HOSPIT	TAI.		
-	23a B	SURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		RUBIAL	3/5/82		MARY'S	BALT.	MA	COUNTY /	STATE

BP.

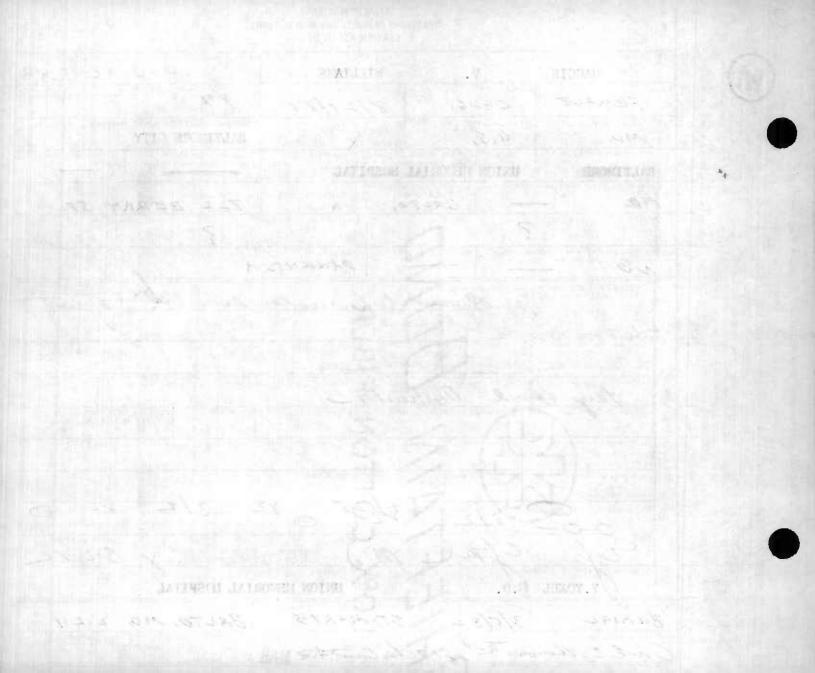
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR

Parel L, Chenowe

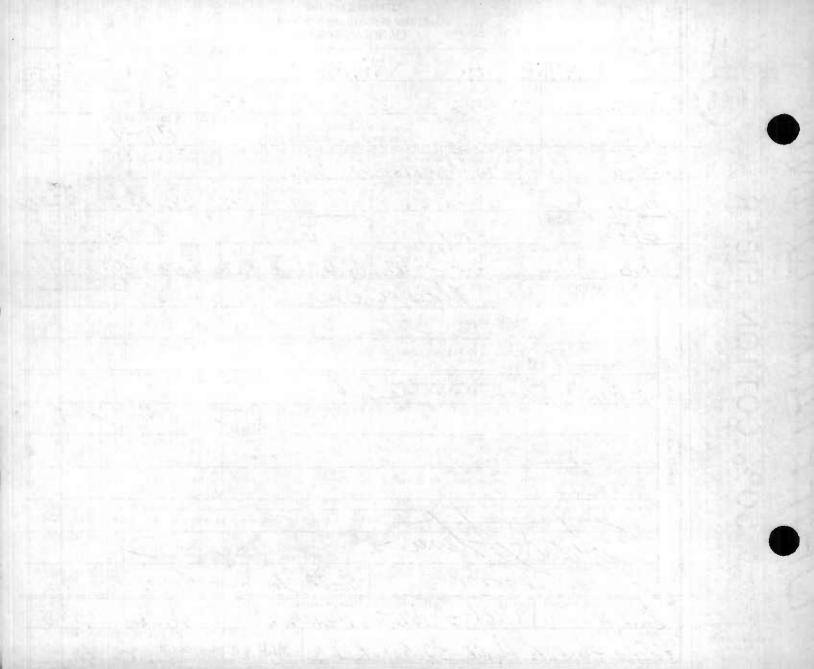
250. DATE REC'D. BY REGISTRAR 250 REGISTRAN



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TEXTS MISTER MANAGEMENT OF THE CAME OF THE MACHINE MICH WAY TO THE STATE OF 1 1 Caracter State of the State of No The State of the Late of the Court of Son Land Court of Total Constant and

				STATE OF MARYLAND		
VIV	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0698
X	I DEC	EASED NAME FIRST	MIDDLE	IAST	REG. NO	D. MONTH DAY YEAR 26 HOUR
2 74		ORPRINT) Willie	A.	Williams	20. DATE OF DEATH	3 1182 2:194
[[3. SEX			S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
VIVI	70 BH	RTHPLACE (STATE OR FOREIGN 76 CITIZEN	PORO NOFWHAT COUNTRY?	8 5 1926	33	YRS R COUNTY OF DEATH
1 10		OUNIA, C. 4	.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	SALTIMORE CITY O	City
# # 19	10 CT	ALVO. NO	INSUCHACILITY, GIVESTREET	cles Gen Hosp.	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
filled ould loved	USUA 130. S	I RESIDENCE (IF NURSING HOME OR OTHER INSTIT	UTION GIVE RESIDENCE BEFORE 134. CITY OR TOW	YES NO CO	130. STREET ADDRESS	DNIKA PL. 20121
mpletely and 2 sh	14-54	THE S NAME MIDDLE	RAY	15. MOHER STADEN N	AME FATLER MIDDLE	Lucas
und co		(AS DECEASED EVER IN U.S. ARMED FORCES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE.)			R. William	
or requires that the de- sees signed by the at- nit. Then please remov- cent to bossel, cremping iny lajury, or other tran-	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION H #5/HD Tue	felism.	DEATH OF THE TER	MPIAL DISEASE OR CONI	DITION GIVEN IN PART 160:
The loss con the loss by the l	RTIFIC				YES P NO	YES OF DEATH?
2 4 12 5 1 10 10	15/09/23		ME OF INJURY IR A.M. MONTH D. P.M.	AY YEAR	RRED (ENTER HATURE OF PHILA	Y OLDEM 18, PART) OR PART 31
ME this of the burn of the bur	MEDICAL	214 INJURY OCCURRED 214 PL	ACE OF INJURY WE STREET FACTORY OFFICE I	711 LOCATION	City OR 107	wire COUNTY STATE
ATTENDE spital or CTOR. A 1 for stell of Health		22s 1 certify them () (this hospital) attends saw the accorded also on obogoth (we) did did not view the	1 16	and that in (my) (our) opinion	death accurred on the do	19 that (1) (we) fa the and how and from the causes stated
Serrat OR J 1 by the hor NERAL DRE be detached a Store Dept		27h STGRATUBE	Here	DEGREE ATTENDING PHYSICIAN	MEDICAL STAT	
TO HOSPITA TO FUNERA Manual be de with the Stot		Edward She	rrer	Worth Cho	n. Jour A	ny.
	22-18	LINIAL CREMATION, REMOVAL 236 DAT	£ / 23c	NAME OF CEMETERY OF CREMATORY	73d LOCATION	91-0
0 GP	1	Burial 31	16/82 4	Chitys Men Roll	CITY ON TOWN	Photos M.D.



- 18		FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	REG. NO.	0 6) 8 3
O M	I. DE	OR PRINTS		Joseph		Willis	20. DATE OF DEATH MO 03-02-8		2b HOUR 9:49P
(M)	3. SE	Male	4. RACE White		5. DATE O	DF BIRTH 12, DA 1922 YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	AR IF UNDER 24 HRS. S HOURS MIN.
125	řà. B	RTHPLACE (STATE OR FOREIT	76 CITIZEN OF U.S.A	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore City or o		MD
		TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN HEACHITY GIVE STREET HOPK	ig Home (OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Owner Paper	PORKING LIFE) INDUSTRY	OF BUSINESS OR
hould be	USU. 130. S Ma	AL RESIDENCE (IF NURSING HITTER) 136. TYLAND	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13G CITY OR TOW Baltimor	'N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3729 Ruecke	Hamild I	Justiness
Tond 2 s		THER'S NAME FIRST	MIDDLE	Willis			ME MIDDLE MRNOWN	U	AST
s. Pages		VAS DECEASED EVER IN U res, no or unknown) (IF NO	YES, GIVE WAR OR DATES)	166 SOCIAL SECU 212-16-6		Mrs Audrey (ADDRESS C Willis	Same	
ss been signed by the ottendi ermit. Then pleose remove col e prior to buriol, cremation, a 's any injury, or other troumot	CERTIFICATION		ANT CONDITIONS CO	R AS A CONSEQUE	DEATH BUT	NA of the LUN NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONDIT	ION GIVEN IN PART I Ob. IF YES, WERE FIND N CERTIFYING CAUSE	INGS USED
rial-tronsit p entol Hygien Item 18 show		21g. ACCIDENT WAS UNDERLY!			AY YEAR	21c. HOW INJURY OCCURR	YES NOW	YES 🗌	NO []
th and Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (19 ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
hed for use ept. of Heali		220. I certify that (I) (this sow the deceosed of abave, (I) (we) (did) (22b. SIGNA (U)E		3/2 10 1	o L, on	3 2 , 19 8 2 and that in (my) (aur) opinion of DEGREE	, taleath occurred on the date		, that (1) (we) last e causes stated E SIGNED
should be detact with the State Di IMPORTANT: If I		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	wexpro		ATTENDING PHYSICIAN 2226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 2/2	482
ofs MP	230 B	URIAL, CREMATION, REMISSECTEY) Burial	OVAL 236. DATE 3/5			EMETERY OR CREMATORY and Mem. Park	23d LOCATION CITY OF TOWN Baltimore	county , Maryland	STATE
6 50M 1/81 A 15, 4)	24 FL	NERAL DIRECTOR NAME Leonard J Ru	ck Inc. Ba	ADDRESS		25a. DATE	AR 3 1982	REGISTRAR'S SIGNA	TUR Werthen

Compared to the manufaction of the Asset

b	1.	FOR STATE REGISTRAR		F HEALTH AND MENTAL HY	GIENE AREG. N	0 0 7 0 % 0.
of h		CEASED NAME FIRST OR PRINT) EUla	MIDDLE	VIIS	2a DATE OF DEATH	MONTH DAY YEAR 28 HOUR TAN
ge 4 may	3. SE	emale	Black S. DAT	DATH BAY YEARS	6. AGE (IN YEARS LAST BIR	YRS.
death. Page		RTHPLACE (STATE OR FOREIGN		RIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	OR COUNTY OF DEATH
offer d	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C	
24 hours	USU	AL RESIDENCE (IF NURSING HOME COTATE 13b. COU		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Salle Place
MARYLA malerely and 2 shoes a cominer	14. F/	THER'S NAME	MIDDLE BOND	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
IMORE,		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	D. 17. INFORMANT	Robinson	1832 La Salle Pl.
ST., g ph on pr rema		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), and (c).) SED BY: ATE CAUSE (a)	vaerulan	aristo	APPROXIMATE INTESTAL BETWEEN ONSET AND DEATH
W. PRESTON of the death co	H	Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE O			
es that the med by the please received, creative y, or other		underlying cause last.	DUE TO, OR AS A CONSEQUENCE O		MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)
ING PHYSICIAN: The law requires the cartering physician. After this certificate has been signed be as the burial-transit permit. Then pleas the and Mental Hygiene prior to burial, arked ar Item 18 shaws any injury, are	CERTIFICATION	19a. DATE OF OPERATION	c subduall	TION WAS PERFORMED	70a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL RE N: The la sysicion. icote has ransit per Hygiene F	CERTIFI	21a. ACCIDENT WAS UNDERLYING	LIGHT AND MODELL BANK WE	21c. HOW INJURY OCCU	YES NO NO RRED (ENTER NATURE OF INJU	YES NO
SION OF VITAL PHYSICIAN: The anding physicia this certificate to e buriol-tronsit ad Mental Hygie d or Item 18 sha	MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	VER) P.M. 1 21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	OUNTY STATE
3000	W	WHILE NOT WHILE AT WORK 220.1 certify that AT (this has	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	19 19	D. to 3/2	19 That (H (we) last
RECT ed fo em 2		saw the deceased alive a abave, (1) (we) (did) (did n 22b. SIGNATURE	on	DEGREE	n death accurred on the d	ate and have and from the causes stated 22c. DATE/SIGNED
DITAL O		22d. PHYSICIAN'S NAME HAPPE	THE FOLL STATES	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stott	23 n	KYAW BURIAL, CREMATION, REMOVA	AL 123b. DATE 123c. NAME O	DF CEMETERY OR CREMATORY	HERAN 1234 LOCATION	y HOSPITAL.
7000 _{BP}		(SPECIFY) Burial	3/27/82 Fami	du Plat	COLLY OR TOWN ATE REC'D. BY REGISTRAR	COUNTY STATE 25b. REGISTAR'S SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	w	mare C. March	FIH 1101 6. NOT		R 23 1982 2	sonces Jean Narthen

1000 Baltimores Continues x 1823 La Salla Place om 3:25:1 6,000 d206 409-50-344 Anna A. Rebinson 1832 245416 PL Surial 3/27/82 Family Plat Clarksonie Teno-

No. C. March F/H 1101 6 North Auch 1418 45 882 Stewn F - 12617 1

FOR

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be real indusery

- 1						STAT	E OF MARYLAND	175		0	1.		L
TC.	1	FOR STATE			DEPARTA	MENT OF H	EALTH AND MENTAL HY	GIENE 🥥	dang.	U	0 /	0	0
	1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	I. DEC	CEASED NAME	FIRST	M	IDDLE		AST	2g. DATE OF		DAY	YEAR	26 HOUR	
Н	(TYPE	OR PRINT)	CATH	RYN	IL.	WI	LSON	100	3	3	82	10:10	OA
	3 SEX	x	4 R/	ACE		5 DATE C	OF BIRTH	6 AGE IN YE	ARS LAST BIRTHDAY)	IF UP	NDER I YEAR	IF UNDER 24	
U	100	Female		White	е	June		6	61 y	RS.	HS DAYS	HOURS	MIN.
	7a. BII	RTHPLACE (STATE OR FOR	EIGN 76 C	ITIZEN OF V	VHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9. BALTIMOR	E CITY OR COU	INTY OF	DEATH		
3	,	Virginia		US.		WIDOWE	D DIVORCED		timore				MD.
0	10. CI	TY OR TOWN OF DEATH	1	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK	CCUPATION FOR MOST OF WORKE	ING LIFE) IN	NDUSTRY	F BUSINESS	
Š.		Baltimore			sity Hos			Home	emaker		Owr	n Hor	ne
-	13a S	AL RESIDENCE (IF NURSING	LOUNTY	R INSTITUTION, C			13d. INSIDE CITY LIMITS?	13e. STREET A	DDRESS	3			
2		Maryland	Baltir	nore	Parkvil	lle	YES 🔀 NO 🛛		Wentw	orth	Ave	nue	
-11	14 FA	THER'S NAME	MIDDL	E	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE		LAST	7	
O		L	Inknow	n .				Unkr					
		VAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	Wa	aterto	wn,	
2		No	11 123, 0112 1112	ORDATES	217 16 3	3299	Mrs. Patr	icia W	. Rau,	Co	nn.	0679) 5
		18 CAUSE OF DEATH	Enter only on	e cause per l	ine for (a), (b), and	d (c)					BETWEEN	MATE INTERVA	AL EATH
		PART I. DEATH WAS	MEDIATE CA		intra cra	mal	hemorrhad	e			9 h	ours	
		2050		DUE TO OR	AS A CONSEQUE		m				THE.		
		Conditions, if any, which (b) COQQ 11 00 2 thy								2	who		
		gove rise to immediate							3				
		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost OCIATE DOWNERON								9 mos.			
		PART 2 OTHER SIGNIF	ICANT CONI	OITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN	N PART 1tc		
101	NO												
	CERTIFICATION	19a. DATE OF OPERATIO	N	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOR	PSY? 20b. I	F YES, WE	ERE FINDIN	IGS USED	
2	H							YES []	NO IN CE	YES [G CAUSES	OF DEATH	?
0	CER	210. ACCIDENT WAS UNDER	LYING	216. TIME OF	INJURY		21c. HOW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITE		OR PART 2)		
1		OR CONTRIBUTING CAU			A. MONTH DA								
1	MEDICAL	21d INJURY OCCURRED		P.N 21e. PLACE C		19	211 LOCATION	_					_
	ME	WHILE NOT WHILE			ET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN		COUNTY	SIA	TE.
		22a.1 certify that (I) (th	is hospital) a	ottended the	deceased from_	22	4/82 19 8	2 10	3/3	19_	82	that (IL (we	e) lost
		sow the deceased above, (1) (me) (did	olive on	31:	3 108	2.01	nd that in (my) (our) opinion	deoth occurred	on the date and	hour one			
	16	22b. SIGNATURE	(CANSTOT VIC	w the body o	A A		DEGREE	7.			22c. DATE	SIGNED	_
		Span	1 M.	Ba	thon 1	w	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	1	3/3	82	
		22d. PHYSICIAN NAM	E (TYPE OR PRIN	(1)			22e. ADDRESS			h	-101		
		Jo	an 1	1.13	athon,	MD	University	Hospit	tal, Ba	lto.	, Md		
	23a B	BURIAL, CREMATION, RE	MOVAL 23	b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCAT		7717			
	(Burial		3/6/8	32 F	Parkv	vood Cemete		alto. Co		YINUC	MA	TE.
	24 FL	JNERAL DIRECTOR He	nry W	/. Jer					GISTRAR 25b. RE		'S SIGNAT	URE	
	4	905 York	Road	Balto	o., Md.	212	MAR	4 196	32 74	0	(a 9)	6 The	. 5

 $A = I A \dots A = A$ set, tenul Ward and Baltimore Pativides as a last want only was a war n or U 217 18 229 Avrs. Patricis W. Flu, Cons. 687 250000 = 3 L.Y With the Alberta All to the June Mary Mary Driversty Fortice, Edite, , Mel. Year oad Salto, No. 1 197 WARA

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. FIRST A T DECEASED NAME Wilson 28 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT LATIA WILLSON 3 SEX 4 RACE DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAY MONTH YEAR DAY 09 04 81 TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED COUNTRY) U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) UNIVERSITYA INFANT JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 138. STATE 500 CREENWOOD AVE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS CAMBRIDER 21613 DORCHESTER YES [NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WILSON DOWNA ADDRESSCamb. Md. In WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIFYES GIVE WAR OR DATEST Donna R. Wilson 600 Greenwood Ave. NIA 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY HEACT FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF IDAY OPEN HEART SWREETER! Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 6 MONTHS underlying cause last. VENTRICULAR STAPPAR DEFECT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? VENTRICULAR SUPTAL DEFECTS 3.3.82 YES NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTOR OFFICE, FARM, ETC) NOT WHILE AT WORK DECCMBER 22a.1 certify that (1) (this haspital) ottended the deceased fram, 1)(A) H and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated saw the deceased alive on above, (1) (wet (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 77c. DATE SIGNED M.B. Ch. R ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME / TYPE OF PRIN 270 ADDRESS DIVISION OF PEDIATRIC CARDIOLOGY BURNS JANET UNIVAMO HOSATAL BALTO. MD 21201

23 NAME OF CEMETERY OR CREMATORY

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DHMH - 16 50M 1/81 (VRA 15, 4)

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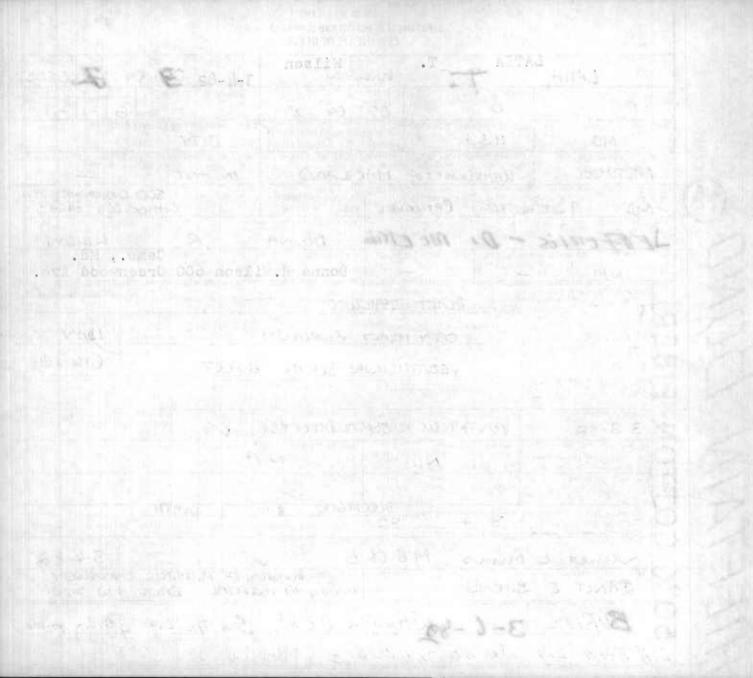
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23b DATE

236 BURIAL, CREMATION, REMOVAL

23d LOCATION

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FOR

YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126. KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE INDUSTRY EATS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (our pinion death occurred on the date and hour and from the couses stated 27t: DATE SIGNED DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD. BALTO, MD

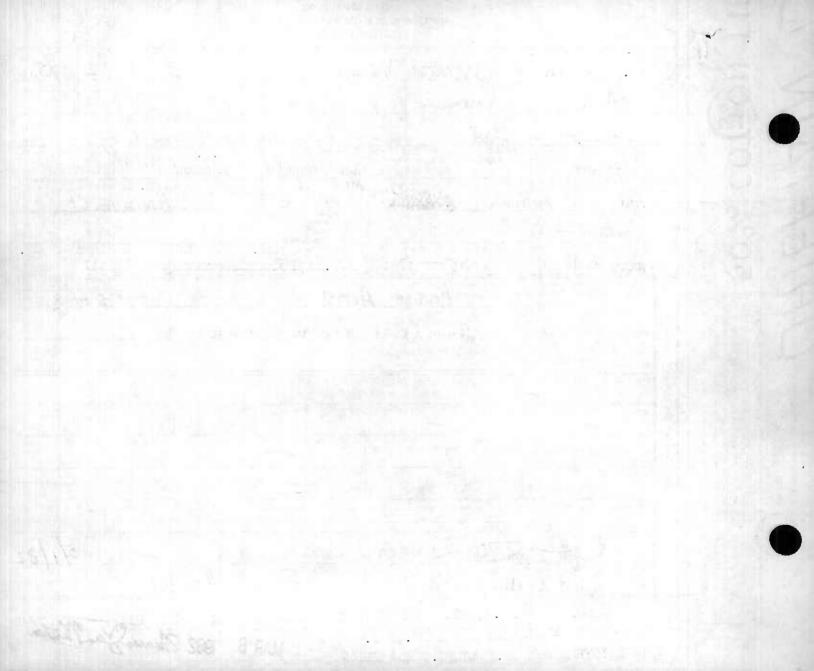
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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fem 21 is mo		220.1 certify that (1) (this hospital) attended the deceased from fill (we) lost sow the deceased alive an above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED										
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME KNOWN IX 2a. DATE 7h. HOUR Margaret LTYPE OR PRINTI ESTI-H. 2 Margret DEATH MATED Woiciechowska 1982 6 4 RACE SEX S DATE OF BIRTH IF LINDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE 1:20 LAST BIRTHDAY) PRONOUNCED May 4,1920 White DEAD Female. 61 1982 a M TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR MARRIED NEVER MARRIED K FOREIGN COUNTRY! U.S.A. Maryland DIVORCED WIDOWED Baltimore City HIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN DELAY IS N. USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGENE, DIVISION OF YITAL RECORDS, 201 W. IRIAL, CREMATION, OR REMOVAL. A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FAD UT 1) 23 THE ADDRESS) 120, USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY S. Duncan Street Baltimore Housework JSUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3a STATE 13e STREET ADDRESS 13b COUNTY 13d. INSIDE CITY LIMITS? Maryland Baltimore City 257 S. Durham St. YES NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Frank Wojciechowski Cieslewicz Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 219-03-0271 Miss Mary H. Wojciechowski, 257 S. Durham No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION INER: THIS CALL WITING THE VICTOR OF THE CHIEF ME E FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS THE EPARTMENT OF HEAL CHIEF THE PAGE 3 SHOULD BE USED AS THE DEPARTMENT OF HEAL CHIEF THE PAGE SHOULD BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 NO X 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK execute the certificate, writh page 4 should be forward to funeral director; page: After death, with the state i X argue of the removes described above, held an Autobsy 22a. I certify that I took Inspection and in my apinian death resulted from Homicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER JAMD SIGNATURE Thomas D. Smith, M.D. !!! Penn St. Balto., MD. EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE March 9.1982 St. Stanislaus Cemetery Baltimore, Maryland Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRARIS SIG **DHMH-17** M.F. Sadowski & Sons. 1808 Eastern Ave. 21231 (VR A15 ME (5)) 15M 2/80

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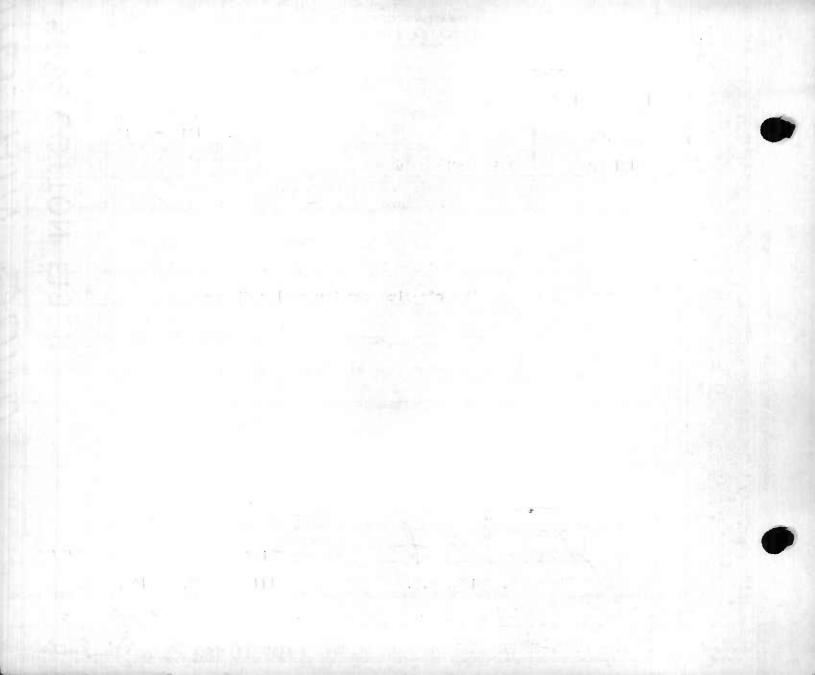
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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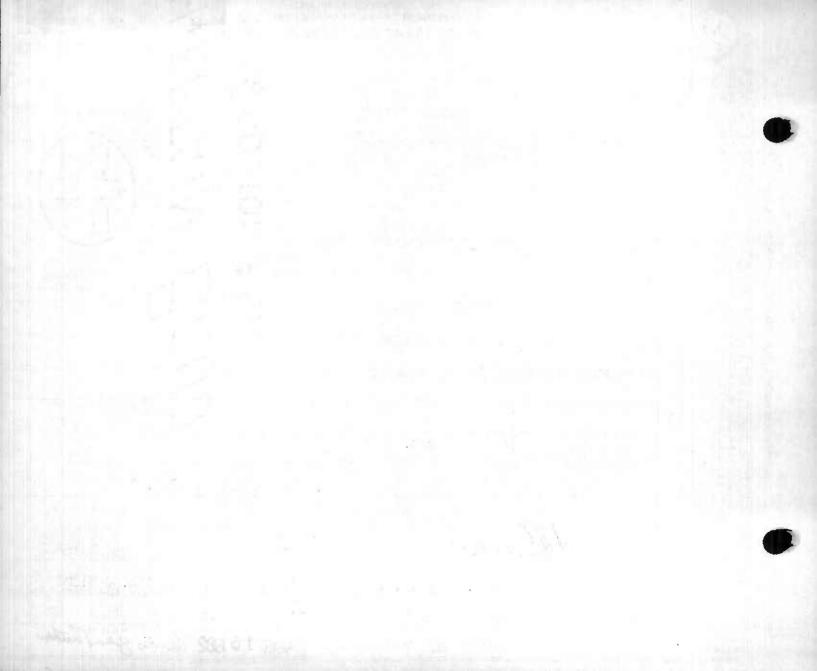
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BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NECESS FOY. PLEASE B. GIVE PAGES I, 2, AND 3 TO THE FUNERAL BRECCTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FLESS. I. PAGES I AND 2 SHOULD BE FILED. WITHIN Z HOURS. DIVISION OF WIJAR RECORDS, 201 W. PRESTON STREET.		AL RESIDENCE TATE Md	13b COUN	DR OTHER INSTITUTION, GIV ITY	13€. CITY	OR TOWN	(NC	13d. INSIDE CI	NO []	34 STREET AD				
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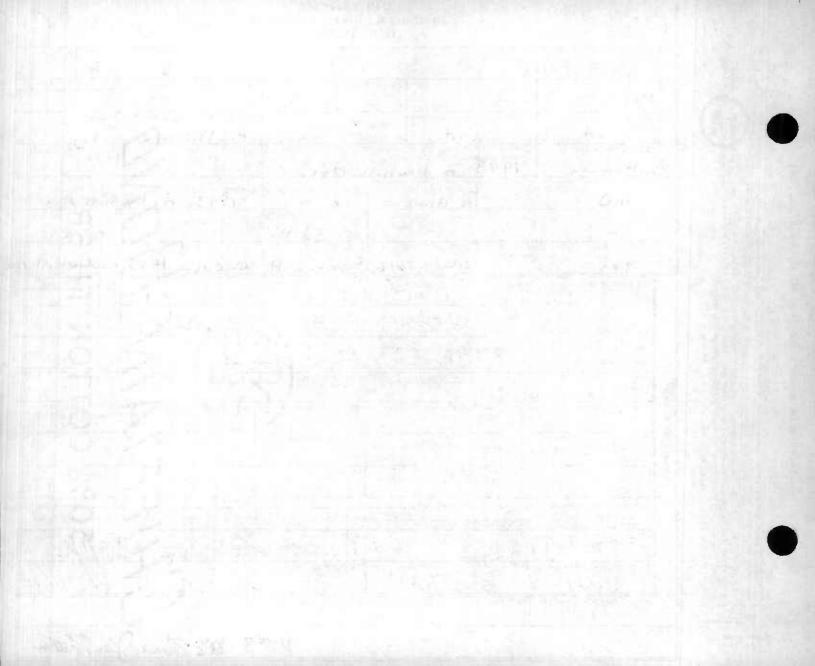
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT! OF ESTI-3 E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, (Susan) C. Susie Wray DEATH MATED 6. AGE (IN YEARS | IF UNDER I YR. 2d HOUR SEX 4 RACE 5. DATE OF BIRTH IF LINDER 24 HRS DATE 36 PRONOUNCED , 82 7:50 45 female black 19 11 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR LOUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City USA N.C. WIDOWED DIVORCED BE FILED, W. 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Johns Hopkins Hospital Baltimore SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13d. INSIDE CITY LIMITS? 1136 COUNTY 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 0 MIDDLE LAST Lee Émma AND OF VIT Johnnie Branch 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. TRANSIT PERMIT, PAGES I Lois Read 2716 The Alameda N/A No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AMMEDIATE CAUSE (0) Gunshot wound of abdomen Weapon: Unspecified OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions. any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? USED / NT OF HE BURIAL, YES XX NO WARDED TO THE C 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTE STY. YEAR OR UNDERLYING subject shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION AT WORK AT WHILE STATE STREET, FACTORY, FARM, ETC.) E. Biddle Street, Balto.MD house PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 2 22s. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Hamicide XX Undetermined manner death resulted fram: TITLE (SPECIFY) 3/15/82 ACTUAL Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street, Balto.MD 21201 Hormez R. Guard M.D. (TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g, BURIAL, CREMATION, REMOVAL MD Baltimore COUNTY Eastview Mem. 3/20/82 Burial Pk. 24 FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5) 15M 2/80



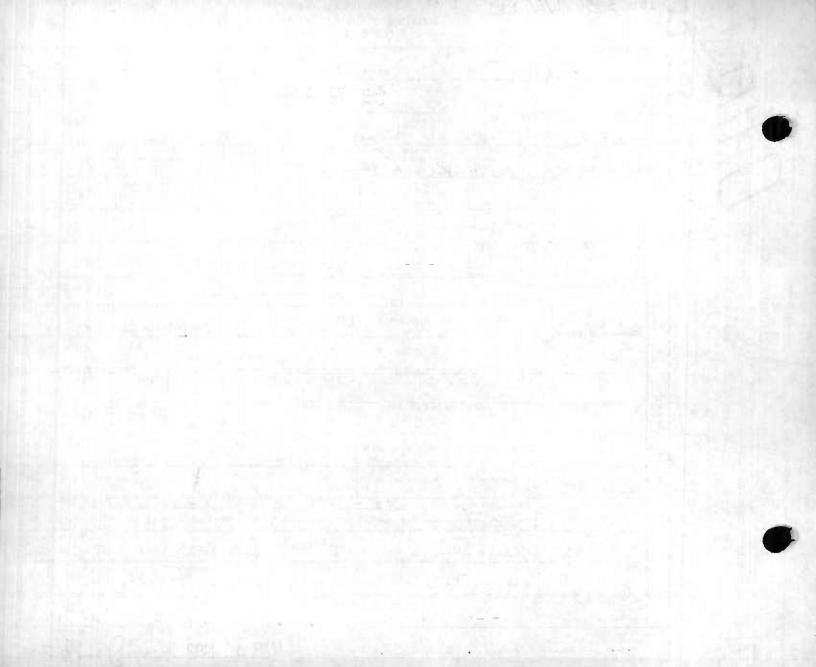
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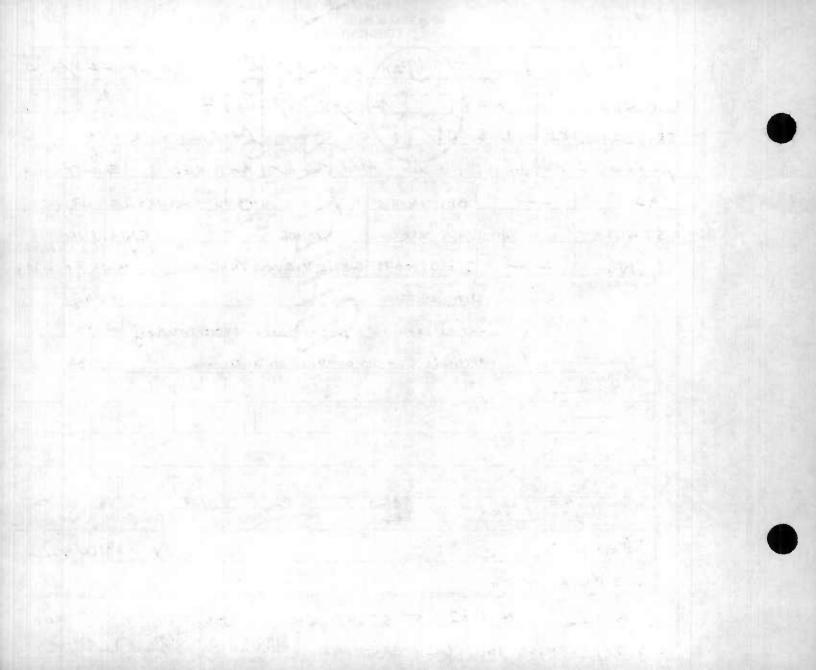
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4 47 444	10 C	TY OR TOWN OF DEATH	LIE NOT IN SLICH FACILITY	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON 12	NOUSTRY	SINESS OR
201	10	altimore	1943 P	ridgehil	Hue.		1		
ND 21	13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CIT	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Ridge	hill A	ve.
ALL AND	14 FA	THER'S NAME	5-2-0-55		15. MOTHER'S MAIDEN NA	AME			
MAR		FIRST	MIDDLE	LAST	Edith	WIOOTE		Blace	:K
MORE, nond or Poges Imedico		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SON	CIAL SECURITY NO.	17. INFORMANT	ADDRI			
IMO n one Poge	ì	425		-09-1616	tannie H	. Wycock	1943 6	hidael	nill Ave
ST., BALL		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for ED BY:	al, the and ide	116			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ST entire		1/1/10 IMMEDIA	TE CAUSE (o)	OSARO IN CAL	ma		1		
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RES dec dec dec dec dec dec dec dec dec de de dec de dec de dec de dec de dec de dec de de dec de		Conditions, if ony, which gove rise to immediate	(b)	-M,-000	word IV	TWW esta	and !		
by the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A G	VY WY	Reval &	allene	1		
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ORDS requ requ t. The or to y inju	O	mynester	ISOUN.						7
D o o m d o	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDINGS	USED
P o o d b o o	TIE					YES NO	YES [0
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NG PHYSICIAN: ottending physic that this certificat os the buriol-tron in and Mental Hygical Action or them 18 is orked or them 18 is	CAL	OR CONTRIBUTING CAUSE OF DE	AID	19					
PHYSIC ending this cert buriol ad Mention don't fen	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJU		211. LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACIO	DRT, OFFICE, FARM, ETC)					
ATTENDING Spirol or off GCTOR. After of Affor use os to the off off off with the off affor use of the off the		22a.1 certify that (I) (this hosp	ital) attended the deceas	ed from	-, 19	, to	, 19	thot	(I) (we) lost
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t ep be		226 SUSNATURE	of view tipe body offer de		DECREE	-		TIL DAJE SHO	NED CIRC
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sho sho	23n F	SURIAL, CREMATION, REMOVAL	. 23b. DATE	231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		PILLI	1111
150VBP		SPECIFY) Burial	3/6/82		is Mem. Pk.	CITY OR TOWN		UNTY	STATE
001	24 FI	JNERAL DIRECTOR	0,0,02	ALDUCI		Baltimo		S SIGNATURE	MD
DHMH-16 30M 2/80 (VRA 15, 4)		m. March	F/H 1101	E. Nort	h Ave. MA	R 3 1982 2	Proces)	. 000	Then



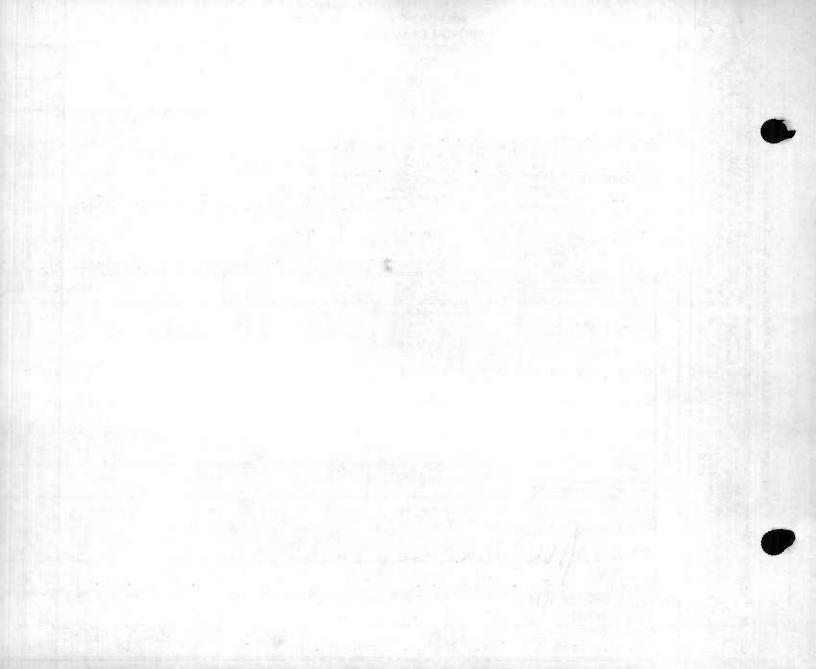
	Item 5 g566 4/6/82 gj	STATE OF MARYLAND	2 2 2 2
X	FOR DI 1 - STATE REGISTRAR	PARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO	0 / 0 0 2
1	1 DECEASED NAME FIRST MIDDLE	LAST 20 DATE OF DEATH MONT	
(M)	John	Yancey 3	2 82 8:15 M
	3 SEX 4 RACE	5 DATE OF BIRTH SOAY 1910R 6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
-/11	MALE BLACK	T \ \ 42	YRS
O 1 15 BS	BIRTHPLACE ISTATE OR FOREIGN MARY LAND US	MARRIED WINDOWED DIVORCED Baltimon	
100	Bastimore 11 NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF BASTIMORE)		12b KIND OF BUSINESS OR
ND 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 30. STATE 130 COUNTY 131 CITY S MARYLAND BALT	CE BEFORE ACMISSION)	VENUE
MARY DESCRIPTION OF THE PROPERTY OF THE PROPER	AARON VANCE	15 MOTHER'S MAIDEN NAME	GREENWOOD
# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCI	AL SECURITY NO. 17 INFORMANT ADDRESS	
TIMO	220-	36-7119 JUANITA YANCEY 6116 RI	
W. PRESTON ST., BA or the death certification or the attending physic cemation, or removal ther traumatic event.	18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A COL productions, if any, which gave rise to immediate cause (a), stating the underlying cause (lost) DUE TO, OR AS A COL DUE TO, OR AS A COL DUE TO, OR AS A COL	ASEOUENCE OF Hypoxic Brain Dem	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRDS, 201 requires the Their plea or to burnol, requiry, or a	NOT	4G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIO	
Al RECC	<u></u>		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
OF VIT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MON (IF EITHER NOTIFY MEDICAL EXAMINER)	TH DAY YEAR	EM 18, PART 1 OR PART 2)
IVISION attenden the the c tond Me the don't	21d. INJURY OCCURRED 21d. INJU	OFFICE, FARM, ETC.) 711 LOCATION STREET CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR. At for one of of Health	220.1 certify that (1) (this haspital) attended the deceased saw the deceased alive an abave. (1) (we) (did) (did not) view the body after death	19 2 and that in (my) (aur) apinian death occurred on the date of	nd haur and fram the causes stated
At OR A Diese house the house the house the diese the di	22b. SIGNATURE R. Chen-Tan	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22. DATE SIGNED 3-2-82
HOSPITA borned by O FUNER would be 4 m the Sto WORTAN	22d PHYSICIAN'S NAME (TYPE OR PRINT) R. CHEN-TAN	22e ADDRESS	
51 2213	URIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTYSTATE
9000 BP	BURIAL 3-6-82	ARBUTUS MEM. PK. BALTIMORE	MARYLAND
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FUNERAL DIRECTOR EAML. PHILLIPS 1721 N. MON	RESS MAR 4 1082	REGISTRAR'S SIGNATURE



	1		STATE OF MARYLAND
V	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 0 / U U S CERTIFICATE OF DEATH
1	LDS	CEASED NAME FIRST	REG. NO.
TCA		ORPRINTHE PRINT	I J. VANCheschi 20 DATE OF DEATH MONTH DAY YEAR 10. HOUR -
S I A A	3. SE		
ge 4		MALE	WHITE 2 39 01 74 YRS MONTHS DAYS HOURS MIN.
Pool dir	7o. 8	RTHPLACE (STATE OR FOREIGN 76 CITIL	ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
de oth	PR	OVIDENCE R.I.	U.S. A. WIDOWED DIVORCED DATTIMOLE CITY M
s ofter de by the fundled within	10. C		AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS 1/2
in by the e filed	16	AL RESIDENCE (IF NURSING HOJAE OR OTHER IN	1 L. Deater Med. Center RETIRED ELECTRICIAN
filled i	13a.	STATE 13b. COUNTY	136 CITY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET ADDRESS
5 ×4 =		M.D.	BALTIMORK YES NO 4340 PARKSIDE DRIVE
3 ag 250/	0	FIRST MIDOLE	LAST FIRST. MIDDLE LAST
5 0- 1-		TANLEY VAS DECEASED EVER IN U.S. ARMED FO	ANCHES ICI - JANCZENSKI WANDA CWALINA RCESS 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 4340 PARKS I PLE 3
n ond c		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR	RDATES)
cioc cros		LIN CAUSE OF DEATH S	- 213-09-0075 GENEVIEVE PANCHESKI BALTO MO 2120 APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
physici onpoper emovol.		18 CAUSE OF DEATH (Enter only one of PART I, DEATH WAS CAUSED BY)	debude =tr-
00000	13	1421 A IMMEDIATE CAUS	
e death ce cottendin nove corb ation, ar froumotic		Conditions, if any, which	(b) Since Dementin - progressive. Ikaker baled her 245
he of he of emov matic		gave rise to immediate	
by the ose rer I, crem		underlying cause last.	16 O Probable CVA 5/p bulateral, undar veredones & mas
gned n ple ouria		PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG
r requirer signature signa	ON NO		
3 0 6 0 0	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
NN The lo hysicion.			YES NO NO
SICIAN The paper of p			D. TIME OF INJURY OUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19
PHY tendi this he bu nd M	MED	147	PLACE OF INJURY HOME STREET FACTORY OFFICE, FARM ETC.) 21 LOCATION STREET CITY OR TOWN COUNTY STATE
Affer of the parket		WHILE NOT WHILE AT WORK	
TEND irol or use or use or use or use or use		220 I certify that (I) (this haspital) atte	- /O
P 8 F 9 5		above, (1) (we) (Idid) (did nat) view t	the body ofter death.
F Popular		The SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN TO DESCRIPTION TO DESCRIP
ZAL det	-	228 PHYSICIAN'S NAME (TYPE OR PRINT)	PHYSICIAN DIRECTOR PHYSICIAN
E & & D & Z			22e ADDRESS
OSPIT ned by tuner, id be dithe Sto			(14)
ro Hospital etained by if TO Funeral should be det with the Stote		LJ Mathews 1	
	23a 1	SURIAL, CREMATION, REMOVAL 23b. D	DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
TO HOSPITA retained by TO FUNER, should be d with the Sto	L	SURIAL, CREMATION, REMOVAL 236.	DATE 234. NAME OF CEMETERY OR CREMATORY 234. LOCATION



STATE OF MARYLAND	~ ~ ~ ~ ~
1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 / 0 0 4
"EOIDTRAK	REG. NO.
(TYPE OR PRINT)	KNOWN X MONTH DAY YEAR 26. HOUR
ACCEPTION TO CONTRACT TO CONTR	MATED 3 31 19 82 M
MONTH DAY YEAR LAST BIRTHDAY) MONTHES BAYE LOUISE LOUIS PRONOL	NCED 16.55
Female Black 1 4 08 74 YRS. DEA	2 21 17 02 1 D M
Female Black 1 4 08 74 YRS. DEA To BIRTHPLACE (STATE OR FOREIGN COUNTRY) St. Mary's. Co. MD U.S.A. Balting	MORE CITY OR COUNTY OF DEATH
Female Black 1 4 08 74 YRS. Birthplace (State or Foreign Country) St. Mary's. Co. MD U.S.A. Widowed Divorced Balt	imore City MD.
A STREET ADDRESS SONNY THE FOREIGN COUNTRY S. CO. MD U.S.A. WIDOWED DIVORCED Balt III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DIVORCED Balt III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DIVORCED Balt III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 120 DIVORCED 121 DIVORCED DIVORCED 122 DIVORCED DIVORCED 122 DIVORCED 123 DIVORCED 124 DIVORCED 125 DIVORCED 125 DIVORCED 126 DIVORCED 126 DIVORCED 127 DIVORCED 128 DIVORCED 129 DIVORCED DIVORCED 120 DIVORCED	JPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS? 13e. STREET ADDR	arce.
Baltimore YES X NO 433	E. Preston St.
14 FATHER'S NAME FIRST MIDDLE LAST FIRST FIRST	MIDDLE LAST
FIRST MIDDLE LAST FIRST Sonny Thomas Mae	Hebb
166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
136_ INTO 136_	433 E. Preston St.
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Hepatic failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: Hepatic failure	
DUE TO, OR AS A CONSEQUENCE OF	
gave rise to immediate (b)	
PART I DEATH WAS CAUSED BY: Hepatic failure Hepatic failure	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216 EXTERNAL CAUSE WAS 216 EXTERNAL CAUSE WAS 217 EXTERNAL CAUSE WAS 218 TIME OF INJURY HOLD A M MONTH DAY YEAR 217 HOW INJURY OCCURRED (ENTERNATURE OF INJURY)	2D AUTOPSY?
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES NO W
216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY A.M. MONTH DAY YEAR	NJURY IN ITEM 18 PART 1 OR PART 2)
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 UNDERLYING CAUSE OF DEATH P.M. 19 ZIE PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR T	OWN COUNTY STATE
THE STATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTR	OWN COUNTY STATE
22a I certify that I taak charge of the remains described above, held on Autapsy . Inspection . Inquir	and in my apinian
22a Leertify that I taak charge of the remains described above, held on Autapsy , Inspection M. D. Assistant M.D. Assis	
TITLE (SPECIFY)	
SENATURE MEDICAL EXAMINE TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINE	MINER DATE 4-1-82
OF THE STATE OF TH	
EXAMINER'S NAME VANN M. Dixon, M.D. ADDRESS 111 Penn St.	, Balto.,Md. 21201
(SPECIFY)	
Burial 4/5/82 New Cathedral Cem. Balto	. MD
(SPECEN) Rurial 4/5/82 Nov. Cathodool Com	. MD



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MPORTANT:

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CERT

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL

HYGIENE 8 2	0	1	U	U	0
REG. NO 20. DATE OF DEATH 6. AGE (INYEARS LAST BIRT 9 BALTIMORE CITY OF Baltimore C 120 USUAL OCCUPATION (120 USUAL OCCUPATION	MONTH DA 3 - 7 HDAY) III YRS. RCOUNTY C LITY ON	-8 UNDER 1 Y	EAR IF		A HRS
2614 Huntin NAME NAME NAME NAME NAME NAME N. Main SADDRE Liams Wrenn-Ye	gton A (McCra	nkin	le,	Hom	e Al
Acrest		ET	re le	PEL	A L
200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFYI	WERE FIN	VDINGS SES OF		1?
CITY OR TOV	WN	COUNTY		STA	ATE

CERTIFICATE OF DEATH

30

34

NO

Irene

Jimmy Wil

FOR - STATE REGISTRAR DECEASED NAME FIRST TYPE OR PRINTS YEATTS Marie LDIS 4 RACE Causasia Female TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Virginia WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Union Memorial Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS Baltimore YES X 4. FATHER'S NAME 15 MOTHER'S MAIDEN LAST MIDDLE Ramsey Yeatts 17 INFORMANT 703 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 223-46-1926 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED.

> 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, FARM, ETC)

111 LOCATION STREET

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Schoolfield

71c HOW IN JURY OC

and that in (my) Coursepinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

22L DATE SJONEI

22d. PHYSICIAN'S NAME (TYPE OR F

Yael Yokel.

23g. BURIAL CREMATION, REMOVAL

Removal/Burial

NOT WHILE

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

71d. INJURY OCCURRED

22h SIGNATURE

Te ADDRESS Union Memorial Hospital

ATTENDING

PHYSICIAN |

23d. LOCATION

MEDICAL

Danville

Pittsylania

14 FUNERAL DIRECTOR BALTIMORE, MD. HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

3-10-82

220.1 certify that (I) (this hospital) attended the deceased from

sow the deceased alive on _______obove, (I) we) (did) (did not) view the body after death

21229

25a DATE REC'D. BY REGISTRAR 256 POGISTRAP'S

DHMH-16 30M 2/80 (VRA 15, 4)

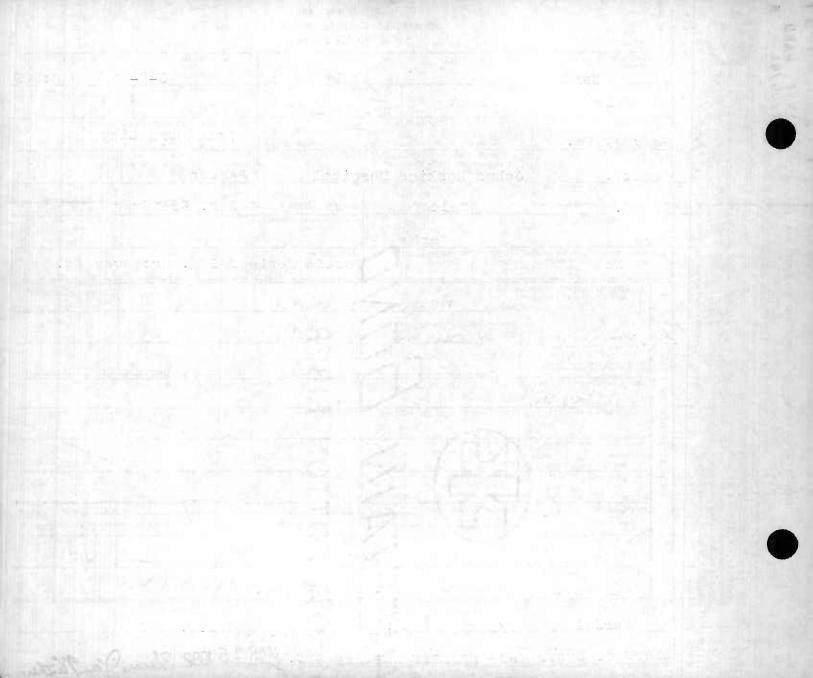
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3 SEX

Introduction of model a Tatalanda T-W-2 Walanda o e.

I AM	5	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		7007
9	3	. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
oge 3 deoth	1	(TYPE OR PRINT)	D	Yerby	3-8-8	8:50R
ge 4 ma		B. SEX Male	A. RACE Black	S DATE OF BIRTH MONTH DAY Aug. 9, 1897	6 AGE (IN YEARS LAST BIRTHDAY) 84 YRS.	FUNDER TYEAR IF UNDER 24 HRS.
Jeoth. Po	12	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Sharps, Va.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C:	of DEATH Lty
by the fulled with	3	Balto.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Johns Hopkin:		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Pastor	12b. KIND OF BUSINESS OR INDUSTRY
tote be executed within 24 hours system and completely filled in by appers. Pages 1 and 2 should be filled wol.	25		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS 201 N. Broadwa	ıy
ed within impletely f and 2 sho	100	4 FATHER'S NAME FIRST	MIDDLE LAST Yerbu	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
oe execute n and co		60 WAS DECEASED EVER IN U.S.		IRITY NO. 17 INFORMANT	by 201 N. Broad	lway St.
: if the contract of the contr		PART I. DEATH WAS CAU		natory anest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death certi ne attending permaye corbon mation, or rer		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OR	2,	
by the o		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE			1 24 E 4 E
equires ti n signed Then plea to buria		PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
ne law re has beer permit. ene prior	2	19a DATE OF OPERATION 1 21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: The I ending physicion. this certificate has buriol-transif pe buriol-transif pe dor them 18 shows	1	00 00 130 101 101 10 10 101	DEATH HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM TO PAR	
ING PHYSICIAN: The low require rothending physician. The this certificate has been sign on she burial-transit permit. Then the and Mental Hygiene prior to be orked on them 18 shows any injury orked on them 18 shows any injury	1	ON CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AL WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN oital ar TOR: Afr for use a of Health		220.1 certify that (1) (this has	out of ottended the deceased from	82 ond that in (my (our) opinion	death occurred on the date and hour	ond from the couses stated
At OR At the hosp that DIREC detoched to other Dept. If It them IT: If them		22b. SIGNATURE	Not view the body offer death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the Store		22d. PHYSICIAN'S NAME LIVE	SCHEW.	220 ADDRESS	1 Hospital.	
/ UBP	2	BURIAL, CREMATION, REMOVA (SPECIFY) burial		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81	2	4 FUNERAL DIRECTOR	3/12/82 A		TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	1	LEROY O. DYETT	4600 LIBERTY	HEIGHTS AVE. M	AR 15 1982 71	Or one.

A PORT



William E. Johnson 8521 Loch Raven Blvd.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Levelle Andread Anna Company Lateral December 1 the state of the state of the state of the state of 3-2-2 INDIVIDUAL COMPANION STATE selection of the select PUBLICATE STORE BAXT IS SO NOTE CHONELLY LEGIS WELLEN where the contract of the partition of the land.

nding physicion and completely filled in by the funeral director corbangeers. Pages 1 and 2 should be filed within 72 hours off

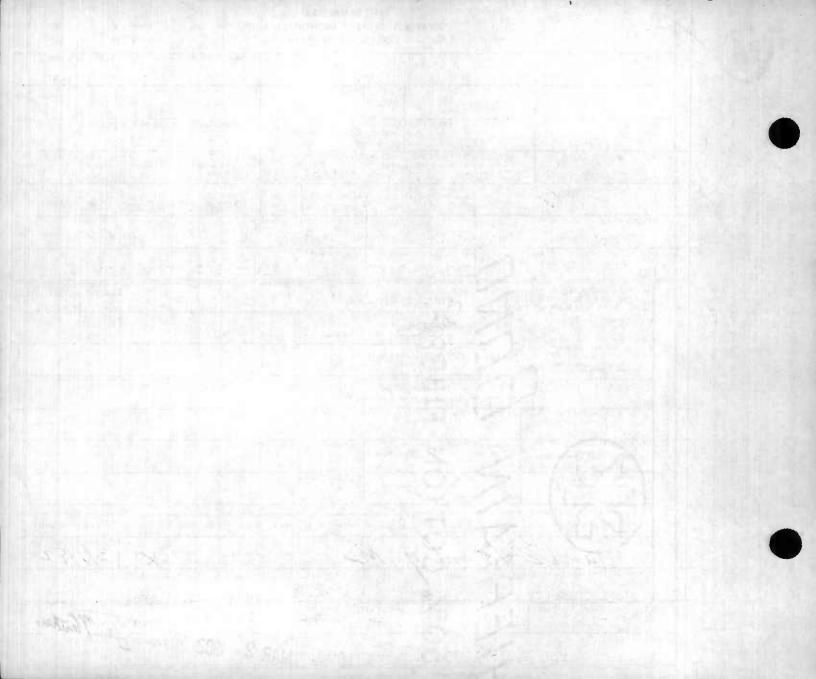
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the busiol-transit permit. Then please remove carbox with the State Dept. of Health and Mental Hygiene prior to busial, cremation, ar re-

IMPORTANT: If Hem 21 is morked or Item 18 shows

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	REG. N	· ·	1 3	0 9
1. DE	CEASED NAME FIRST	WIOOFE		AST		MONTH DA	YEAR	2h HOUR
	BETH)	OUNG	MARCH	1.	1982	3:45 a.M
3. SE	Female	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BI		UNDER LYEAR	IF UNDER 24 HRS. HOURS MIN.
		Black	1	3 28	54	YRS.		
70. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
10 0	MD ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN	WIDOWE		Baltimo			MD.
100	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET Church Home	AODRESS)		(TYPE OF WORK FOR MOST (INDUSTRY	F BUSINESS OR
13a.		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 9816 C1	anfor	a pa	
	ATHER'S NAME		TE	15. MOTHER'S MAIDEN NA		allior	a Ru.	
P	Albert	Wright		Viola	MIDOLE	Nu	tter	t
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR		CCI	
	YES, NO OR UNKNOWN) (IF YES, GIV	217-22-	7487	Brenda Oli	ver 9816	Clanfo	ord R	d.
	18 CAUSE OF DEATH Enter on	nly one couse per line for (a), (b), on	d (c				BETWEEN	MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAUSED BY: CARDIAC ARREST CARDIAC ARREST						45 minutes	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						YEARS	
		(c)					1	
Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110)
CERTIFICATION	190 DATE OF OPERATION	DIABETES MELLITUS Date of Operation 198 CONDITION FOR WHICH OPER			200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	3171	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART ?)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY {AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		tol) ottended the deceosed from	2-22 82 , or	nd that in (my) (our) opinion (, to3=1 death occurred on the d	nte and hour a	82 , 1 nd from the a	that (I) (we) lost
	22b. SIGNATURY	2 Gormley	n	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	IAN	3//	182
	224. PHYSIC AN'S NAME (TYPE O	RPRING		22e ADDRESS CHURCH	HOSPITAL (CORPORA	ITON	
22- 5	PAUL E GORMLE		14445 05 0	100 North Boa		imore.	Md. 2	1231
230 8	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/5/82 23c Mt		burn Cem.	23d LOCATION Baltin	ore o	on on	-des
	UNERAL DIRECTOR	ADDESS	100	25a DAT	E REC'D. BY RECATRAD		SIGNATI	URE .
	Wm. C. March	F/H 1101 E.	Nort	h Ave. MAR	4 1000			

DHMH - 16 50M 1/B1 (VRA 15, 4)



injury, or other traumotic event, th

should be detached for use as the burial-transit permit. Then please remaye corbon pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE TO Z	0.	1 0	1 0	
1	1. DECEASED NAME FIRST	MIDDLE	ı	AST		MONTH DAY	Y YEAR	2b. HOUR	
	(TYPE OR PRINT)	COLSTON	YOU	NG	March 8.	1982	g - 15	4481	
9	1 SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY} IF	UNDER 1 YEAR	IF UNDER 24 HRS	
ı	Male	White	July		77	YRS	NIHS DAYS	HOURS MIN	
ė	Id. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	FDEATH		
	Maryland	USA	WIDOWE	D DNORCED	Baltimor	e City		N	
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME (OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINESS O	
	Baltimore	5818 Meadowo		oad	Appraise	er	Balto	. City	
di	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b. COUN			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
1	Maryland	Baltim	nore	YES X NO	5818 Me	adowoo	od Roa	ad	
	14. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	Ţ	
6		S. Young		Bessy	PAPE A		olstor	1	
	16a WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	URITY NO.	17. INFORMANT	ADDRI	ESS			
	No	216 12	5799	Mrs. Nellie	e B. Young		Same		
	18 CAUSE OF DEATH (Enter on	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),)							
		TE CAUSE (a) CREASE A CONSEQU	rea C	ricinonatosi	0 1/14/4	even	20	Jean	
	Conditions, if any, which gove rise to immediate	(b)	1102 01						
	cause (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	IENCE OF						
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10)1	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	IN CERTIF			, WERE FINDINGS USED YING CAUSES OF DEATH? S NO			
1	OR CONTRIBUTION CANCER OF DE		AY YEAR	21c. HOW INJURY OCCURE		RY IN ITEM 18 PAR	1 ORPART 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINER	NIII	19			74-72	3-56		
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
		ital) attended the deceased from		1975	, to		85	that (I) (we) lo	
	sow the deceased olive on abave, (1) (we) (did) (did na	at) view the bady after death.		nd that in (my)-(aux) opinion (deoth occurred on the d	ate and hour a	_		
	22b. SIGNATURE	101	DEGREE ATTENDING	MEDICAL STA	55	22c. DATE	SIGNED		
	El Huntre		r.D.	PHYSICIAN [DIRECTOR PHYSIC		13.8.	22	
	22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS	2 13 1	UF 51			
	E. Hunter W			Medical Ar		g, Bal	to., 1	Md.	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 23c.		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	24 FUNERAL DIRECTOR L. La caracter			een Mount	Balto.,	25h DECISTO	MC AP'S SIGNIATI		
	24 FUNERAL DIRECTOR Henry	d Balto., Md.	50ns	212 MA	AR 8 1982	Trance	O	Vistlen	
	1000 101K 100a	- Dailo , 1710	1	_ 1 _	0 1001		(18		

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR:

i t ABU MELLY W dio . M. Ballon . Cibi Entire of a second service of the second Elimons > Elimons Pol OF A BEW Dr. Hugh E. Young Easty Collinon No Control of the state of the control of the contr Section 12 The section of the sectio THE REPORT OF THE PARTY OF THE E. tun'er Milon, M. V. icl ro Fullin, Ello., V. remetion : (8 42 to the country of t Por Elito, M. 1115. tenty . Janine & tone 125.

1630 Edmondson Avenue, Catonsville, Md. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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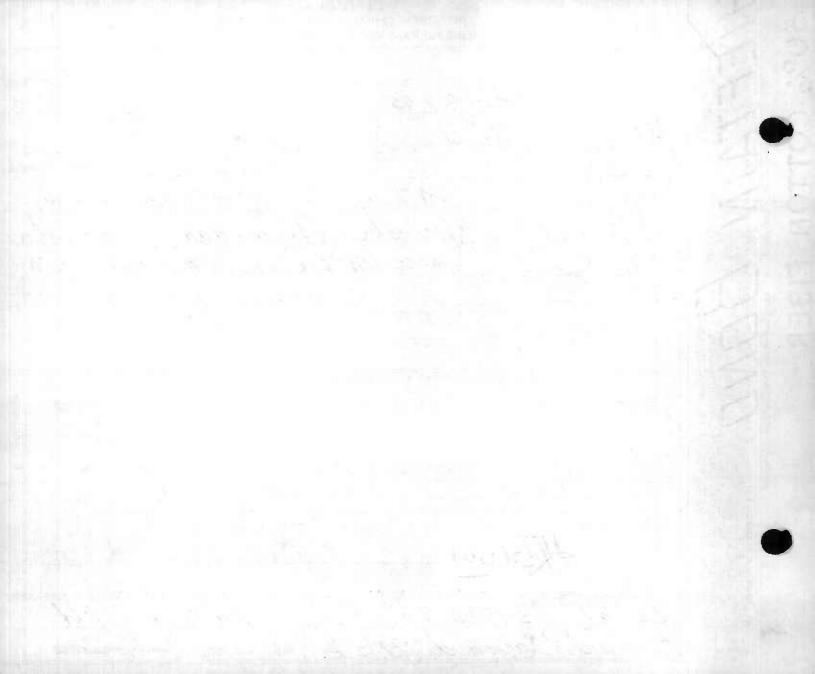
			STATE OF MARYLAND		20 27 23 1 20
6	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	(GIENE 🔘 🚄	0/014
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
oy be	TYPE OR PRINT)	Ann			
de de de	SEX		ZAFFERE	MARCH 19	1982 12:20PM
4 P 1		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	O. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN
900	Female	Caucasia	OGLY 1/ 1/11	40	YRS
a 70	I. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
eo ## \$50	Texas	U.S.A.	WIDOWED DIVORCED	BALTIMORE	CITY MD.
or with	CITY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
- 4 b	Baltimore	THE JOHNS I		Housewife	
2120 hours be fa	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		
AND 212				13e. STREET ADDRESS	B 4
LAND should shou	Md Ta	lbot 0x:	Ford YES NOTHER'S MAIDEN N	Sallor	Retreat
Will will	FIRST	MIDDLE LAS	FIRST	WIDDLE	LAST
E, MARYLA completely to completely is 1 and 2 should be seen to be	Jack		ckland Hazel		Varnon
16 dico	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
PRESTON ST., BATIMORE, MARYLAND 2120 The Beath conflicts be executed within 24 hours the area of the state	No	572-	54-5088 Philip A.	Zaffere	Oxford, Md
physicie popert	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy went	PART I. DEATH WAS CAUSE		onary Accest		
ESTON S economics over carbo into, or re-	19119		7		
RESTON Geoth.c. antendin nove carb ortion, or froumatic	Canditions, if any, which	DUE TO, OR AS A CONS		Concer	4 reass
tro or or tro	gove rise to immediate			-direct	7
by the seere other other	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF		
Pleo d b		(c)			
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	STO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a
0 - 9 - 0 X	2				
low low s bee	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
TALRI Cicion. The le icion. The le spiene spiene				YES NO	YES NO
OF VITA CIAN: II physicin physicin ol-tronsis intel Hygi	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY I	NITEM IS PART I OR PART 2)
SICIA ng ph certifi priol-n tentol	OR CONTRIBUTING CAUSE OF DEA	ALFR.	19		
No single or If we have	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
VISE The parties on division of the condition of the cond	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
30000	22a.1 certify that (1) (this hospi	tal) attended the deceased f	rom : 3/15 19 8	2 10 3/19	, 19 82 , that (1) (we) lost
Z = & 5 + ×	saw the deceased alive an	3/19	F) ~	. 10	ond hour and from the causes stated
R ATTE hospite RECTC hed for ppt. of I fem 21	abave, (1) (we) (did) (did no	t) view the body ofter death.	, one that in (in), (early opinio	in death accorded on the date	
0 0 0 0 0	22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ZAL detail	atten	wubbeat	2 PHYSICIAN	DIRECTOR PHYSICIA	NB 3/19/82
HOSPI'	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e ADDRESS		
TO HOSPITAL of retained by the retained by the should be defored with the Store Impropressing the store Impropressing the store of the	Arthur F	Roubla	Johns H	toplains to	iotal
D € C € 3 ₹ 123	Bo. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	(SPECIFY) Burial	3-22-82	Oxford Cemetery	CITY OR TOWN	Talbot Md
24	FUNERAL DIRECTOR		25n. D.	ATE REC'D. BY REGISTRAR 25	
DHMH - 16 50M 1/B1 (VRA 15, 4)	NAME	ral Home	Easton, Md.	MAR 2 / 1099	Va TV12

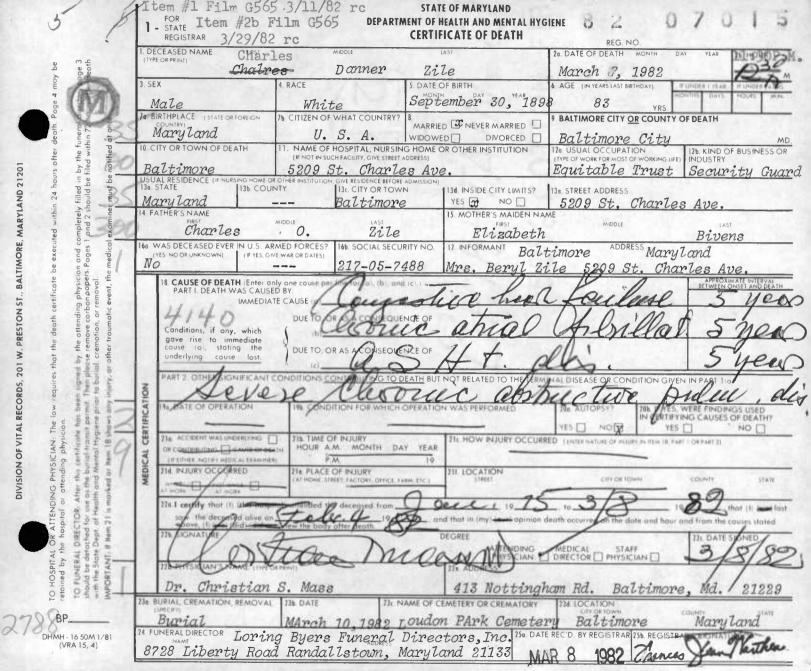
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5	1	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE () Z	0	701
. m.e		CEASED NAME FIRST		WIDDLE		LAS1	20. DATE OF DEATH		YEAR 26 HOUR
y be		Walt	er	P.	Z	ega	March 8,	1982	
100	3 SI	X	4 RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR IF UNDER 2
(RA)		Male	Whi		Jun	e 27, 1921	60	YRS	UNIT HOURS
7 600	100	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? B MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY C		FDEATH
1011 12	10 6	Pennsylvania	USi	4	WIDOW		Baltimor		
4 4 50	10.		(IF NOT IN SU	ICH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON OF WORKING LIFE)	126 KIND OF BUSINES
42 00	MAI	Baltimone AL RESIDENCE (IF NURSING HOME O	16		iles S.	t. Balto. Md.	Roole	r	
BY BY	13a Na	ryland 136. COU		Baltimo	WN	13d INSIDE CITY LIMITS?		arles S	t.Balto.Md.
1 1300	14. F	ATHER'S NAME Paul Zega	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	WE		Kesicki
d co	160.	WAS DECEASED EVER IN U.S. A		16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	SS	7,0500,00
n ond c		YES NO OR UNKNOWN) (IF YES, G	2	197_12_	2162	Mas. Elizabe	th Zona Sam	2 24 ab	21/2
sicio pers ol.		18 CAUSE OF DEATH (Enter o	nly one cause pe	r line for (a), (b), a	nd (c).)	I THE LANGE	an regu, sum	e. (1x (10	APPROXIMATE INTERVA BETWEEN ONSET AND DE
phy n po emov		PARTI. DEATH WAS CAUS	EĎ ŖY: (TE CAUSE (0)	CACO		1			2 MOS
ding arbc or re		1639		OR AS A CONSEQU	IENICE OF				
deot sive c sion,		Conditions, if any, which	(16)	LUNG	CA	ween - m	1- TASTAT	10	6 mos.
the characteristics of the control o	10	gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQU				To Emil	
thot d by bose al, cr r oth		underlying couse lost.	(c)_	THE MESTIGLA					
vires signed en ple a buria ury, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I (o
requests to The	CERTIFICATION								
low low	ICA	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED IG CAUSES OF DEATH
The icion strain part part part part part part part part	RT						YES NO	YES [] NO []
Z Z S S S S S S S S S S S S S S S S S S		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME C		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	FOR PART 2)
0 - 505	OA	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19				
PHYSI rending this ce the buri and Mer	MEDICAL	216 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE.	FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY STA
After the cost the co		AT WORK AT WORK							2.3
No lo o l		22a.1 certify that (I) (this hosp		ne deceased from	70	19 /2	- to 2	- 29 19.	, that (I) (we
ATTI ospit CTC d for d for m 21		sow the deceased alive of above, (1) (we) (did) did no	1	after death.	6 L . OT	nd that in (my) (our) opinion	death occurred on the de	ote and hour or	nd from the couses state
OR DORE Oche Dop		226. SIGNATURE				DEGREE			22c. DATE SIGNED
		ons l'u	- M	2.0		ATTENDING PHYSICIAN	MEDICAL STAF		3-11-82
FUNER FUNER buld be of h the Str		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	K		
etained by 1 TO FUNERAGE with the State MAPORTANT:	10	M.S.Posne	r,M.D.			107 E. We	st St #2	1230	
O specific with the specific s	23a	BURIAL, CREMATION, REMOVAL		23€	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	Mar. 12	. 1982 M	LVets	.(emt.	(nounsvil	10	Manuland
HMH-1650M 1/B1		JNERAL DIRECTOR				250. DAT	E REC D. BY REGISTRAR	25M REGISTRA	
' (VRA 15, 4)	Ma	ully Funeral A	ome. 130	E. FORT	Ave. Ba	Ito.M. MA	R 1 2 1982	igricas	The water

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) OF Anna ESTI-DEATH MATED 1 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR female white PRONOUNCED 15 DEAD 9:22 ALL STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Baltimore WIDOWED DIVORCED D. CITY OR TOWN OF DEATH OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK I I I KIND CALLULATION) Baltimore 1735 Wave 1v Way JEDA PRESIDENCE IN HURSHIS HOME OF OTHER HISTORION, GIVE RESIDENCE METERS ADMISSION THE INCIDE CITY LIMITS? MODELE ARMED FORCES? CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0] CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD BE UDEPARTMENT C YES BU 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR PRIOR P.M 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian Inquiry PAGE 4 SHOULD BE FITO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) Assistant 3/15/82 SIGNATURE EXAMINER'S NAME Hormez R TYPE OR PRINT Guard, MD Penn Street.Baltimore.MD 21201 ADDRESS. DHMH-17 (VR A15 ME (5)) 15M 2/B0





EAST TO SHOULD AND STORES OF THE ASSESSED. C 2 21 - 1 5131 () + 1 355 5 - 2 355 35 -CONTRACTOR DESCRIPTION The secretary and the second of the BURKER WARRENDER OF THE PROPERTY OF THE PROPER -ANTONE SER BOTH THE SERVICE OF THE

6111 Windsor Will Rd

FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OF PRINTS

DHMH - 16 50M 1/81 VRA 15, 4)

STATE OF MARYLAND /

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0

740

240

COUNTY

22c. DATE SIGNED

U.S. Army

IF UNDER I YEAR

20 DATE OF DEATH MONTH

La company of the com I. C. . . manual . For intrint. . Inta 217-07-1210 allowed to the train, 126 Old Pedits Now surial 7/29/82 table Meet Enorgal Part Street 1:0, Sarroll, co., o III com il c